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WILTSHIRE COUNTY COUNCIL

Annual Report



OF THE

Medical Officer of Health

FOR THE YEAR

1961

Being the statutory report required to be made by the County Medical Officer of Health under the Public Health Officers Regulations, 1959

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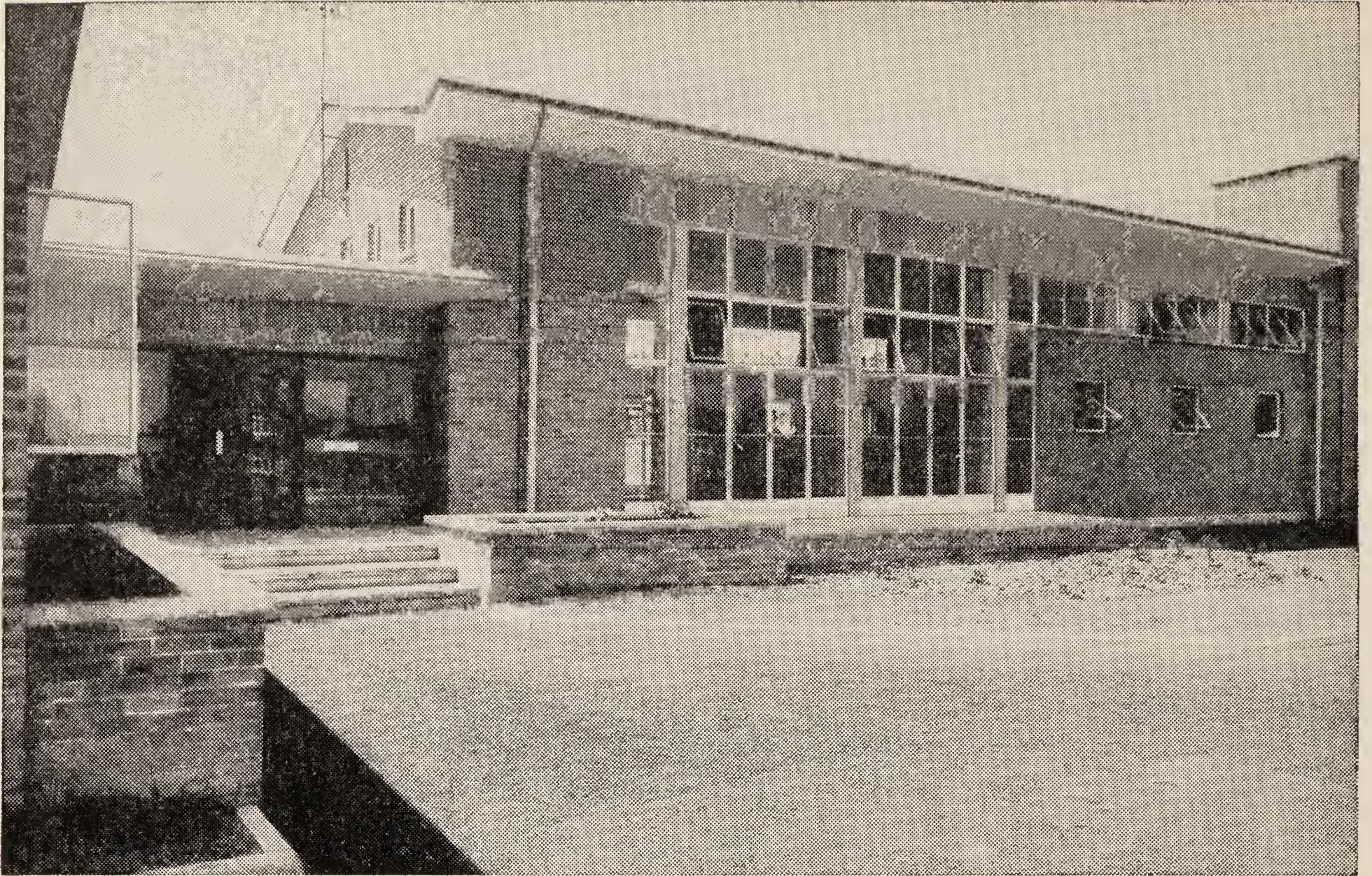


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THE UPHAM ROAD CENTRE, SWINDON (Officially Opened 6th July, 1962).



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THE MAIN ENTRANCE AND ASSEMBLY HALL



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SEWING ROOM, ADULT SECTION

Foreword

THIS report speaks for itself on the various aspects of public health in the County and on the services provided by the County Council, and there is no need to elaborate in the foreword on any matter of detail relating to 1961. However I wish to thank sincerely the very many who have assisted and supported the work of the Health Department, including the voluntary bodies and voluntary workers who have contributed greatly in many different fields. As usual the staff of the Department have worked with consistent efficiency and keenness.

As from the 24th April, 1961, the delegation scheme to Swindon Borough Council under Section 46 of the Local Government Act, 1958, came into effect.

Looking to the future, the ten year plan asked for by the Minister of Health, initially for the period 1962-72 but subject to annual revision and forward extension, offers an important opportunity to develop the services of the Local Health Authority steadily and consistently. It is natural that mental health development should attract the most attention, but the plan will be no less helpful in other fields of work, such as maternity and child welfare, which have sometimes suffered from unpredictability of their future means for improvement. It should not be thought that improvement consists of growth alone; it is also important to ensure that the emphasis of the County Council's health services and the methods used are changed when necessary to meet changing needs.

This must be true on a larger scale, and there are welcome signs that the emphasis within the National Health Service is turning more towards care in the community.

It will always be important to try to ensure that the public knows what services are available, their value and how to use them. Unless this can be done, improved health services in the community will be less effective than they should be. The continued fall in the acceptance rate for B.C.G. immunisation of school children is a present example of failure to use a service which is made known to parents.

At this time of increased interest and enterprise in the personal health services of local health authorities it is well to remember that environmental public health measures remain essential. From this point of view the County Council is concerned with health circumstances in general and has specific functions which include responsibilities in the supervision of milk and other foods and the consideration and financial support of rural water and sewerage schemes. As well as their complementary functions in these fields, the district councils as sanitary and housing authorities, and the district medical officers of health, continue to safeguard the health of the public against infectious diseases and other serious hazards.

Co-operation between the Health Department of the County Council and those of the District Councils remained close and effective during the year.

C. D. L. LYCETT.

County Hall,
Trowbridge.

Committees

The Committees of the County Council mainly concerned with public health during the year were:—

Health Committee, the Sub-Committees of which are as follows:—

Staff and General Purposes Sub-Committee,
Maternity and Child Welfare Sub-Committee,
Mental Health Sub-Committee,
Ambulance Service and Health Centres Sub-Committee,
Swindon Area Sub-Committee, until the 24th April, 1961, when certain functions (see below) were delegated to the Swindon Borough Council.

Water Supplies and Sewerage Schemes Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other Committees, such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

The scheme under Section 46 of the Local Government Act, 1958, delegates to the Swindon Borough Council the functions in respect of the following services:—

Health Centres
Care of Mothers and Young Children
Midwifery
Health Visiting
Home Nursing
Vaccination and Immunisation
Domestic Help
Prevention of Illness, Care and After-Care

(This includes in the field of mental health most of the functions of the County Council under the National Health Service Act, 1946, and the Mental Health Act, 1959, including the appointment and work of mental welfare officers, the supervision of persons under guardianship, and the ancillary and supplementary services, but excluding the provision of residential accommodation for mentally disordered persons and the Swindon training centre)

Staff

County Medical Officer of Health and Principal School Medical Officer:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers:—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

*Area Medical Officer, until 23-4-61:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (also Medical Officer of Health, Devizes Borough and Devizes Rural District).

C. L. Broomhead, *T.D.*, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

P. J. Speller, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District). (Retired 8-7-61)

J. L. Davies, M.B., B.S., D.P.H. (also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District). (Commenced 14-8-61)

J. Reynolds, *M.C.*, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, *T.D.*, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

*Anita J. Jenkins, M.D., B.S., D.P.H., D.C.H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

*J. L. Evans, M.B., B.S., D.R.C.O.G., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon).

*S. B. S. Smith, L.M.S.S.A., D.T.M. & H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

D. M. Blomfield, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

E. Kinnear, M.B., Ch.B., D.P.H.

Olga E. Nietupska, Med. Dipl. (Warsaw), D.P.H.

Mary W. Sturges, M.B., B.S., D.R.C.O.G.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

Psychiatrists (part-time):—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.
T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (by arrangement with Regional Hospital Boards).

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (by arrangement with Regional Hospital Boards).
Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (by arrangement with Regional Hospital Boards).

Chief Dental Officer and Principal School Dental Officer:—

D. Middleton, L.D.S.

Assistant Dental Officers and School Dental Officers:—

A. T. Craig, L.D.S.
F. H. R. Davey, *O.B.E.*, L.D.S.
E. C. Humphreys, L.D.S.
F. Lake, L.D.S.
J. S. MacLachlan, L.D.S. (Resigned 23-4-61)
R. S. McMinn, L.D.S.
E. H. Randerson, L.D.S.

Psychologist:—

Barbara T. Skelsey, M.Sc.

Chief Administrative Assistant:—

W. R. Brockway

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V.Cert.

Superintendent Health Visitor:—

Eileen Search, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

County Public Health Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.H., M.A.P.H.I.

Mental Health Supervising Officer:—

K. W. Gibbs

County Ambulance Officer:—

M. F. Smith

Chiropodists:—

Marion J. Read, M.Ch.S.
Phyllis Wyndham Payne, M.Ch.S. (Commenced 1-5-61).

Hearing Therapist:—

D. Brown, B.A.

*With the delegation of health functions under Section 46 of the Local Government Act, 1958, to the Swindon Borough Council on 24th April, 1961, these medical officers ceased to be directly employed by the County Council.

Vital Statistics

POPULATION

The Registrar General's estimate for 1961 (including Services) 430,120
for 1960 417,970

BIRTHS AND DEATHS

	NUMBER		RATE FOR COUNTY		RATE FOR ENGLAND AND WALES	
	1961	1960	1961	1960	1961	1960
Live Births	8,054	7,832	19.11	(Per 1,000 Population) 19.86	17.4	17.1
Still Births	160	150	19.47	(Per 1,000 Live and Still Births) 19.92	18.7	19.7
Total Live and Still Births	8,214	7,982				
Illegitimate Live Births	292	295	3.63	(Per cent of total Live Births) 3.77		
Premature Live Births	494	524	61.34	(Per 1,000 Live Births) 66.91	(Not available)	
Deaths	4,558	4,285	10.59	(Per 1,000 Population) 10.25	12.0	11.5
Deaths of Infants under one (Total)	156	152	19.36	19.4	21.4	21.7
Deaths of Infants under one (Legitimate)	149	147	19.19	(Per 1,000 Legitimate Live Births) 19.5	(Not available)	
Deaths of Infants under one (Illegitimate)	7	5	23.97	(Per 1,000 Illegitimate Live Births) 16.94	(Not available)	
Deaths of Infants under four weeks	108	117	13.40	(Per 1,000 Live Births) 14.93	15.5	15.6
Deaths of Infants under one week	100	106	12.41	13.53		
Deaths of Premature Infants under four weeks	59	81	6.08	10.34	(Not available)	
Perinatal Mortality Rate (Still Births and Deaths under one week)	260	256	31.65	(Per 1,000 Total Live and Still Births) 32.07	Not yet available	32.8
Maternal Deaths (including abortions)	3	1	0.37	(Per 1,000 Live and Still Births) 0.13	0.33	0.39
Deaths from Cancer (all forms)	783	783	1.82	(Per 1,000 Population) 1.87	2.16	2.16
Deaths from Cancer of Lung and Bronchus— Male	157	144	0.42	0.38	0.49	0.481
Female	22	15				
Deaths from certain Infectious Diseases— Tuberculosis, Respiratory	21	14	0.053	0.036	0.072	0.075
Tuberculosis, Other	2	1				
Diphtheria	—	—				
Meningococcal Infections	1	2				
Acute Poliomyelitis	1	1				
Measles	2	—				
Whooping Cough	1	—				
Other Infective and Parasitic Diseases	5	9				

INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1961 of the more important infectious diseases, with comparative figures for the preceding ten years. The figures for 1951 onward include non-civilians.

Disease	Total Notifications during										
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	607	407	282	208	198	221	154	539	426	276	151
Diphtheria... ..	3	1	1	3	1	—	—	—	—	—	—
Enteric Fever (including Paratyphoid) ...	1	1	—	5	3	1	2	10	1	1	4
Puerperal Pyrexia... ..	52	113	142	93	124	151	191	174	162	88	103
Meningococcal Infection... ..	3	11	8	1	9	12	5	5	6	4	7
Acute Poliomyelitis—											
Paralytic... ..	16	28	57	20	21	10	16	9	11	4	3
Non-Paralytic	16	18	45	3	17	9	7	1	4	—	2
Acute Encephalitis	1	—	2	1	—	—	—	1	—	5	4
Ophthalmia Neonatorum	4	5	6	3	2	2	2	1	3	—	7
Whooping Cough... ..	1544	1129	1012	1208	987	445	1160	318	274	353	203
Measles	6721	1541	7225	334	6227	348	7177	5046	4697	332	9750
Dysentery	} Figures for these years are not available }			77	58	618	181	261	267	882	132
Food Poisoning				71	141	146	111	62	62	39	29

The total number of cases of poliomyelitis in which the diagnosis was finally confirmed was five, three paralytic, two non-paralytic.

Notification of measles reached the highest level since 1949, when records were first maintained in their present form. The number of notified cases of dysentery, which was high in 1960, fell to a low figure compared with recent years.

VENEREAL DISEASE

During the year, 438 Wiltshire patients attended treatment centres at Salisbury, Swindon, Bath and Bristol for the first time. The following table shows details:—

Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	Total new cases
Salisbury General Infirmary	2	14	46	62
Royal United and St. Martin's Hospitals, Bath	6	21	126	153
Isolation Hospital, Swindon	3	53	165	221
Maudlin Street Clinic, Bristol	—	1	1	2
	11	89	338	438

For comparative purposes the totals of the cases included in the foregoing table for previous years are shown below:—

Year	Syphilis	Gonorrhoea	Other Conditions	Total new cases
1955	30	41	388	459
1956	22	37	272	331
1957	18	71	266	355
1958	13	56	375	444
1959	10	71	206	287
1960	15	46	220	281
1961	11	89	338	438

The increase in gonorrhea is significant.

Venereal disease publicity posters, giving up to date information of nearest treatment centres, are distributed to district medical officers of health for local display.

**Care of Mothers and Young Children*

ANTE-NATAL CARE

Ante-natal care provided by the County Council service continued to be mainly given by the midwifery staff in the course of their domiciliary work. Patients booked for admission to hospital received most of their ante-natal care at the hospital concerned and, almost without exception, patients now book a doctor under the maternity medical services.

A report of a Committee of the Central Health Services Council on human relations in obstetrics was issued to local health authorities in April and, in accordance with the Ministry's request, the ante-natal services were reviewed. As regards Wiltshire, the matters dealt with in the report were largely the concern of the hospital authorities and called for little change in the existing arrangements.

Since the National Health Service came into force in 1948 the number of patients in Wiltshire not booked by a doctor under the maternity service has been declining, and in 1961 there were 19 patients only for whom a doctor had not been booked out of a total of 1,613 deliveries attended by domiciliary midwives. Doctors booking maternity patients are, of course, required to provide all necessary medical services during pregnancy, confinement and the post-natal period, and in this County the local health authority has not been called upon to provide extensive facilities for doctors' ante-natal care of patients, which is mainly carried out in the doctors' surgeries. The County Council's arrangements whereby fees for medical, ante-natal and post-natal examination have been paid in those cases not otherwise covered have fallen into disuse. An increasing amount of ante-natal care is provided at hospitals in conformity with the larger proportion of hospital confinements.

Three ante-natal clinics were, however, in operation during the year, at Bulford, Corsham and Larkhill, where the total number of ante-natal attendances was 1,086, made by 252 women, of whom 199 were new cases. There were 107 attendances for post-natal examination, compared with 140 in the previous year.

The Army provide a medical officer at both the Bulford and Larkhill clinics and the resident medical officer at the Bradford maternity hospital attends the Corsham clinic. The district midwifery staff attend all the clinics, although almost all patients attending are booked for hospital confinement.

A personal ante-natal record card introduced in 1960 continued to be widely used and, if carefully preserved, a card of this kind helps to co-ordinate the care of the patient by domiciliary midwives, hospitals and general practitioners. There is evidence that the introduction of this record card by the County Council has filled a need and has been generally welcomed.

MATERNAL MORTALITY

In 1961 there were three deaths in the County attributable to pregnancy, childbirth or abortion. All these deaths took place in hospital.

INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES

There are still only three County Council clinics, at Corsham, Marlborough and Trowbridge, but there is now reasonable hope that within the next two or three years clinics will have been provided in all the main urban centres of population. During the year building has proceeded at Salisbury, where a new clinic should be in use about mid-1962. Further clinics are planned at Devizes, Warminster, Melksham, Chippenham and at Trowbridge, the latter to replace existing unsatisfactory premises. In addition, negotiations proceeded for the use for clinic purposes of a new Church Hall under construction at Bemerton. The plans have been modified and additional

[*Statistics in this section exclude the Borough of Swindon, for which information will be found in the Borough Medical Officer of Health's Report.]

separate accommodation has been provided for a dental unit. This arrangement may render unnecessary the building of a new clinic by the County Council on a site which had been earmarked for the purpose. At Melksham the new clinic is to be built in conjunction with a library on a central site.

At the end of the year there were 61 child welfare centres attended by a doctor, compared with 60 in 1960. An additional centre was opened at Yatesbury R.A.F. Station and a centre was opened at Bishop Down, Salisbury, previously a health visitor centre only. A health visitor centre has replaced the doctor's centre at Perham Down.

Appendix A gives details of times, places, and attendances at all the centres, but the aggregate attendances, etc., are shown in the following table:—

	1959	1960	1961
Total attendances during the year	42,673	44,648	50,164
Number of children who attended during year	7,861	8,370	10,005
Number of new attenders (under one year and included above) ...	3,178	3,573	3,581

The number of children, 3,581, making their first attendance at a child welfare centre under one year of age equals 584 per thousand notified live births, which closely corresponds with the figure of 3,573 in 1960, which was 590 per thousand live births for that year.

In addition, at the end of the year 67 health visitors' centres were open, compared with 65 in 1960. There were 12,082 attendances at these centres during the year (12,228 in 1960), and 977 children made their first attendance under one year of age. Added to the 3,581 who attended child welfare centres this means that 743 children per thousand live births made attendance at clinics in their first year of life.

Mention should be made of the considerable amount of voluntary help which continues in many centres, and this in no small measure frees the health visitors for their essential personal contact with the mothers and children.

The following quantities of proprietary articles were supplied to infant welfare centres for sale or free issue (the 1960 figures being in brackets):—

Infant Milk Foods	... ..	35,724 lb.	(29,322)
Baby Cereal	... ..	8,142 packets	(6,510)
Weaning Foods (Meat, Fruit, Vegetables, etc.)	... ..	3,420 tins	(2,952)
Nutrients (chiefly Marmite and Vitamin C Syrup or Juice)	... ..	24,684 containers	(22,572)
Baby Rusks...	... ..	4,014 packets	(3,564)
Glucose	... ..	1,068 containers	(1,788)
Malted Milk	... ..	3,492 tins	(3,564)
Teats and Accessories	... ..	1,776	(1,326)

The use of the mobile infant welfare centre has continued and it now serves a total of 11 villages.

CARE OF PREMATURE BABIES

The number of births of infants weighing $5\frac{1}{2}$ lb. or less occurring in the County as a whole was 494, and of these 139 occurred in Swindon. This, as regards Swindon, is the same figure as for 1960, but there was a drop of 30 in the number of premature births in the remainder of the County. The number of deaths of premature babies under the age of four weeks was 59, compared with 81 in 1960 and with 90 in 1957, which was a peak year for premature births in the County (479).

In April, 1961, the report of the Sub-Committee on the Prevention of Prematurity and the Care of Premature Infants was published by the Ministry of Health, containing guidance on the general principles of care, the transport of premature infants and after-care and follow-up schemes for which local health authorities have special responsibility. These principles were already being followed in this County. There was, however, a request that information on causes of perinatal deaths should be included in annual reports.

The following table gives information obtained on the causes of the 59 deaths of premature babies occurring within 28 days.

<i>Cause of Death</i>						<i>Number</i>
(a) Prematurity (not further qualified)	...	...	...	...	...	26
(a) Pulmonary Atelectasis	...	...	...	...	...	14
(a) Cerebral Haemorrhage	...	...	...	...	...	6
(a) Suparenal Haemorrhage	...	...	...	...	...	2
(a) Exomphalos	...	...	...	...	...	2
(a) Broncho Pneumonia	...	...	...	...	...	2
(a) Anencephaly	...	...	...	...	...	2
(a) Multiple Congenital Deformities	...	...	...	...	...	1
(a) Mediastinal Emphysema	}	...	...	...	...	1
(b) Respiratory Distress Syndrome		...	...	...	...	1
(a) Massive Haemorrhage	...	...	...	...	...	1
(a) Cerebral Oedema	...	...	...	...	...	1
(a) Anoxia	}	...	...	...	...	1
(b) Placental Infarction and Retro-Placental Haemorrhage		...	...	...	...	1

The following table gives the figures for the past seven years and, although the numbers of deaths within 28 days are lower than the previous year, this is a variation similar to those which have occurred in earlier years, for which there remains no adequate explanation.

Year	Premature live births				Deaths of premature babies within 28 days, of whom the number shown in italics died within 24 hrs.			
	Swindon	Rate per 1,000 live births	Remainder of County	Rate per 1,000 live births	Swindon		Remainder of County	
1955 ...	91	79.1	304	59.6	11	8	35	<i>23</i>
1956 ...	105	77.5	293	57.7	7	1	42	<i>23</i>
1957 ...	124	79.8	355	66.9	22	11	68	<i>40</i>
1958 ...	135	84.3	295	53.8	30	15	45	<i>27</i>
1959 ...	111	63.4	343	61.8	17	9	45	<i>25</i>
1960 ...	139	73.1	385	64.9	12	6	69	<i>42</i>
1961 ...	139	69.7	355	58.6	15	10	44	<i>30</i>

The following analysis refers to babies in the whole County who were prematurely born at home or in hospital:—

Year	Born at home						Born in hospital or nursing home		
	Total	Transferred to hospital	Died in hospital within 28 days		Died at home within 28 days		Total	Died within 28 days	
1955 ...	97	15	1	1	4	3	298	41	27
1956 ...	92	20	6	1	1	1	306	42	22
1957 ...	118	37	13	6	5	4	361	72	41
1958 ...	100	31	8	2	3	3	330	64	37
1959 ...	77	19	1	1	1	1	377	61	32
1960 ...	87	23	3	1	7	1	437	71	46
1961 ...	72	21	4	3	6	6	422	49	31

The figures in italics show the deaths of premature babies within 24 hours which are included.

Twenty-one midwives have been specially trained at the Southmead Hospital, Bristol, in the care of premature infants, and it is intended to send more midwives there for training when the staffing situation permits. Oxygen cots for conveyance of premature babies to hospital are kept at the Bradford-on-Avon, Chippenham, Salisbury and Swindon ambulance stations.

PREVENTIVE MENTAL HEALTH

The complete integration of the work for pre-school and school children, as foreshadowed in my report as Principal School Medical Officer for 1960, took place in April, 1961, and particulars of the work of the combined child guidance service appear in the annual report of the Principal School Medical Officer. Although the work has been integrated it is intended to maintain the link between the service and the work of the child welfare centres.

DISTRIBUTION OF WELFARE FOODS

At the end of the year there were, excluding Swindon, 18 main centres open in the towns, and 196 smaller centres.

The following amounts of food were issued in 1961 (figures for the previous four years have also been shown):—

	1961	1960	1959	1958	1957
National dried milk (full cream and half cream)	52,790	63,683	71,479	83,431	100,046
Cod liver oil	12,080	16,899	17,413	18,547	28,338
Vitamins A and D tablets	11,022	14,526	13,427	13,199	13,746
Orange juice	91,563	145,071	149,987	153,857	239,076

(These amounts do not include issues made in Swindon, although these were accounted for centrally in the County Health Department).

From the 1st June charges of 1s. and 6d. were imposed on cod liver oil and vitamin A. and D tablets which were formerly supplied free of charge. At the same time the price of orange juice was increased from 5d. to 1s. 6d. From this date these foods were sold without the use of tokens.

Emergency needs throughout the County are met by transfers arranged within the County from headquarters.

The main and local distribution centres have continued to assist in health education by the exhibition of posters and the distribution of leaflets during the year.

The distribution of welfare foods is carried out almost entirely by voluntary effort and tribute should be paid to the willing assistance given by some 259 helpers throughout the County. The total value of the money collected for foods issued during the year was £9,493 6s. 2½d. Sums totalling only £44 12s. 2½d. had to be written off, due mainly to losses of stamps and to national dried milk going out of date at centres, and these losses represented 0.47% of the annual turnover.

In October, 1961, at very short notice it was necessary to make a provisional plan for the universal distribution of dried milk for babies due to the possible risk of contamination of fresh milk supplies from fall-out following the Russian nuclear tests. Arrangements were made for the reception at various centres throughout the County of bulk supplies and, without exception, the voluntary helpers operating the welfare foods scheme undertook to receive and distribute the milk as necessary. Mention should also be made of the ready help offered by the Wiltshire Civil Defence Corps in distributing the bulk supplies. In the event it was unnecessary to put these plans into operation, though they still stand against any future need.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

The County Council's arrangements for grants to the Salisbury and Bristol Diocesan Associations for Moral Welfare to assist in providing welfare workers in this service continued, and help was given to 305 unmarried mothers in 1961.

The Superintendent Health Visitor continues to act as liaison officer with the Diocesan Associations. Ninety-one admission were made to the Devizes Hostel, for 47 of which the Health Committee was financially responsible, and there were 20 admissions to other homes at the Council's expense.

The following figures show the number of illegitimate births in the County, the number of women assisted under the arrangements for the care of unmarried mothers and their infants, and the number admitted to mother and baby homes since 1949.

<i>Illegitimate Live Births.</i>					
<i>Year.</i>		<i>No.</i>	<i>Percentage of Live Births.</i>	<i>No. Assisted.</i>	<i>Admitted to Mother and Baby Homes</i>
1949	...	309	5.06	223	97
1950	...	293	4.88	211	94
1951	...	309	5.13	225	88
1952	...	310	5.24	239	70
1953	...	300	4.67	247	78
1954	...	271	4.33	227	72
1955	...	274	4.39	235	68
1956	...	238	3.70	211	76
1957	...	306	4.23	247	71
1958	...	295	4.16	278	63
1959	...	277	3.80	252	72
1960	...	295	3.77	297	74
1961	...	292	3.63	305	67

It will be observed that since 1949 the number of illegitimate live births, expressed as a percentage of the live births, has decreased.

The following table shows the increase in the number of illegitimate births to women under 21 years of age.

		1951	1956	1961
Under 16 years of age	...	4	6	10
16 to 18 years of age	...	18	26	43
18 to 21 years of age	...	40	60	94

BIRTH CONTROL

Voluntary family planning clinics continue to be available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and a limited number of women recommended for advice on medical grounds are referred there. If necessary, the County Council meet the cost. The number of patients for whom the Council were asked to meet such charges in 1961 was 18.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR MATERNITY BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION

The following table summarizes the results of the investigations made at the request of the hospitals concerned during 1961:—

Maternity Hospital	No. of patients whose social conditions were investigated by County Council	No. recommended for priority of admission	No. not so recommended	Total No. of deliveries in Hospital (where known)
Bradford-on-Avon Maternity Hospital ...	6	6	—	
Andover	8	3	5	
Devizes Maternity Hospital	11	11	—	
Greenways Maternity Hospital	57	44	13	
Kingshill Maternity Hospital	77	40	37	
Lyndhurst Hospital, Hampshire	1	1	—	(from Wilts, excluding Swindon Borough)
Malmesbury Hospital	20	18	2	
Odstock Hospital	50	32	18	
Trowbridge Hospital	1	1	—	(from Wiltshire)
Savernake Hospital	2	2	—	
Frome Hospital	3	3	—	
St. Martin's, Bath	2	1	1	
	238	162	76	

These figures show that 32 per cent of patients whose social circumstances were investigated were not recommended for priority of admission; this figure compares with 34 per cent in the previous year. In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given by the domiciliary midwifery and home help services.

REPORT OF CHIEF DENTAL OFFICER—D. MIDDLETON, L.D.S.

The continued shortage of dental officers is preventing any possible expansion of the County's dental service providing for the dental care of the expectant and nursing mother and children under school age; although at the time of writing the staffing position is looking slightly more favourable and it is to be hoped it will continue to show an upward trend.

Despite every effort, through health education, to persuade parents to control the frequent eating of sweet and sticky foodstuffs (the greatest single cause of dental decay in children) by their children, it is becoming increasingly rare to find a five year old with a good dentition.

In 1962 the Ministry of Health are due to publish their findings on the three test areas in the British Isles where fluorides (a known caries inhibitor) had been added to the public water supply. It is hoped that the findings are favourable and this method can be adopted on a national scale in an endeavour to stem the mounting tide of dental caries to be found in children, because adequate treatment of dental caries in the whole population is beyond the present resources of the dental profession.

The statistics for the year are shown in the following table:—

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946 (INCLUDING SWINDON)

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	283 (461)	241 (395)	175 (256)	100 (172)
Children under Five	668 (748)	440 (498)	340 (397)	248 (338)

(b) Forms of dental treatment provided.

	Scalings and Gum Treat- ment	Fillings	Silver Nitrate Treat- ment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	144 (414)	173 (242)	2 (1)	1 (1)	254 (471)	19 (56)	29 (37)	41 (50)	11 (19)
Children under Five ...	128 (90)	215 (210)	290 (323)	— (—)	373 (380)	95 (152)	— (—)	— (—)	2 (1)

* *Midwifery*

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council ...	78	(78)
(b) Hospital Management Committee	2	(2)
Hospital midwives	65	(65)
Midwives in private practice (including those in nursing homes)	5	(6)
	<hr/> 150	<hr/> (151)

(The figures in brackets are those for 1960)

GENERAL

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category	Domiciliary Cases				Totals	Cases in Hospitals and Nursing Homes
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
County Council Midwives ...	3 (2)	16 (10)	159 (133)	1266 (1350)	1444 (1495)	— (—)
Midwives employed by Hospital Management Committees ...	— (—)	— (—)	12 (6)	157 (151)	169 (157)	3330 (3232)
Private Midwives	— (—)	— (—)	2 (3)	3 (5)	5 (8)	17 (16)
TOTALS ...	3 (2)	16 (10)	173 (142)	1426 (1506)	1618 (1660)	3347 (3248)
GRAND TOTALS ...						4965 (4908)

(The figures in brackets are those for 1960)

GENERAL

The problem of maintaining the service (including also home nursing) in view of the difficulty in filling vacancies received further consideration by the Health Committee during the year. A report in October showed that 27 of the 91 district nursing staff were over the age of 55. Eighteen of these 27 occupied accommodation over which the County Council had no control and the prospect of their retirement added to the problem of providing housing. It cannot be said that the inducements so far offered have influenced recruitment, and it has so far been impossible to embark on the intended experimental relief arrangement to provide more and regular off-duty time, as recruits for the two additional posts authorised for this purpose have not been forthcoming. In addition, at the end of the year there were vacancies at Burbage and Fonthill, the latter since May, 1961.

The number of domiciliary confinements attended by County Council midwives fell, as did the proportion of home to hospital confinements. Very few patients now fail to book a doctor under the maternity medical services. In January, 1961, the Ministry of Health issued a memorandum which summarised what should be regarded as good maternal care such as might be reasonably expected under the maternity medical services. Payment of the full fee authorised is dependent upon the doctor undertaking a minimum number of examinations and visiting the patient at some time during labour. Of the 1,613 confinements attended by domiciliary midwives a doctor was present at the delivery of 174. The figures for 1960 were 1,642 and 141 respectively.

County midwives were asked during the year to attend 567 women discharged from maternity hospitals before the tenth day, compared with 474 in the previous year discharged before the fourteenth day. The normal lying-in period was reduced from 14 to 10 days in 1960.

ANALGESIA AND DISTRICT MIDWIFERY

The following figures show the extent of the use by the midwives of the analgesics trichloroethylene, gas and air, and pethidine.

	Trichloroethylene Only	Gas and Air Only	Trichloroethylene and Gas and Air	Total
Number of cases in which inhalation analgesics were used by domiciliary midwives employed by the Council, and by the Salisbury Group Hospital Management Committee as the agent of the Council	1,047 (1,147)	148 (172)	105 (49)	1,300 (1,368)

(The figures in brackets are those for 1960)

Pethidine was also used in 854 (1,043) cases.

HOUSING ACCOMMODATION FOR MIDWIVES

As mentioned above, difficulties are likely to arise over the provision of accommodation for nurses when those occupying their own accommodation retire. It remains the policy of the County Council to obtain, where possible, the tenancy of district council houses for midwives, and considerable assistance continues to be afforded in this way by many district councils. A special approach has been made to the district councils in those areas where need is likely to arise in the near future, and some have offered to help as fully as possible.

No new building of a nurse's house has been completed in 1961, but construction of a bungalow at Maiden Bradley will commence in 1962 to replace present unsatisfactory housing. Combined with the purchase of a site for a new clinic, it has also been possible to acquire a bungalow at Warminster to replace in due course an unsatisfactory flat now in use.

MIDWIVES ACT, 1918

Medical aid was summoned by midwives in 225 domiciliary cases attended by them in the capacity of midwives during 1961, but in no instance did the doctor concerned claim his fee from the Council under the Midwives Act, 1918, and the inference is that in all cases he was already booked by the patient under the maternity medical services scheme.

[*Statistics in this section exclude the Borough of Swindon, of which information will be found in the Borough Medical Officer's Report.]

* *Health Visiting*

In the report for 1960 mention was made of the five-year plan adopted in 1956 for development of the health visiting service, and 1961 saw the completion of this plan whereby the staff establishment reached 76, including Swindon, where the establishment is 15. This is one more than the 75 originally planned, as during 1961 the post of a district nurse/health visitor was converted to a full-time health visitor post. At the end of the year there were 8 vacancies.

The following table shows the development of the service since 1948, and it will be noted that only one member of the staff undertaking infant visiting is without the health visitors' qualification.

Year	Establishment of qualified staff at end of year (County area, excluding Swindon)	No. who emerged from training under County scheme during the year (the figures in parentheses showing the number still on the staff)	No. of dispensations held at end of year in respect of unqualified staff
1948	20	—	76
1949	20	—	75
1950	21	—	65
1951	21	—	60
1952	22	2 (1)	41
1953	24	2 (1)	31
1954	26	2 (1)	14
1955	26	— (—)	11
1956	29	2 (1)*	5
1957	31	2 (1)	3
1958	37	6 (4)	3
1959	48	7 (3)	3
1960	56	5 (3)	3
1961	61	— (—)	1

*One student who completed training in 1960 is employed in the Borough of Swindon.

The average population per health visitor's area is approximately 5,550 compared with the 4,300 recommended in the Report of the working party on the field of work, training and recruitment of health visitors. With the increasing population it will be necessary to consider the further strengthening of the health staff, though the average population figure of 4,300 suggested may be somewhat idealistic.

Almost all school nursing duties are now undertaken by the qualified health visiting staff, and the district nurses undertaking these duties now number eight only.

The five-year development plan having been concluded, the health visitor training scheme has been curtailed, although it is still hoped to enrol a few students to assist in the filling of vacancies. Training is undertaken at the Battersea College of Technology, and the County Council pays the

[*Statistics in this section exclude the Borough of Swindon, of which information will be found in the Borough Medical Officer's Report.]

tuition fees and a training grant of three-quarters of the minimum of the health visitors' salary scale. Uniform and book allowances are also paid, but the enrolment and examination fees are the students' responsibility.

The scope of the health visitors' work continued to widen, which was reflected in the increase in the number of visits other than to infants and tuberculosis households shown in the table on page 23. Responsibility for the home help service brings the health visitor into contact with many of the chronic sick and elderly, and a considerable amount of time is spent on this type of visiting. Of the 36,729 visits to "other cases" shown in the following table the provision of home help (13,016) and the care of old people (7,427) constitute the largest numbers.

No arrangements have so far been made for health visitors to work in conjunction with a particular general medical practitioner on group practice, although this is a matter which is under consideration and opportunities may be taken to start pilot schemes on these lines.

Health visitors are available on request to follow-up any patient discharged from hospital to ensure that no available service is lacking and requests are received from hospital almoners and others for visits of this nature.

Health visitors continue to visit households from which patients have been treated in hospitals on account of home accidents, but these visits are limited to those who are willing for their names and addresses to be given by the hospital.

Screening tests by the health visitors on babies at the age of three to four months for the early detection of deafness continue, and where any hearing loss is suspected, further investigation is undertaken. At the age of four weeks, tests are also undertaken for the detection of phenylketonuria, a rare condition which leads to severe mental subnormality and for which a dietary treatment is now available. No definite case has so far been detected.

The special list of families with seriously unsatisfactory home conditions (and, in some cases, neglect of children) numbered 119 at the end of the year. During the year, 12 families were added to the list and 14 were removed, 5 of these having left the county. Two whole-time special home helps are still employed, one in the Salisbury, and one in the Trowbridge area, and they assisted 24 families in 1961. In addition, specially selected part-time home helps assisted 8 problem families. Since special home help was first provided in 1955, 68 families have been helped, often with striking results. The standard achieved is, however, not always maintained, and close supervision by the health visiting staff is almost always necessary. The break-up of a family can, however, sometimes be prevented.

Health Education, which is absorbing more and more of the health visitors' time is dealt with separately on Page 29.

During 1961 three courses for health visitors, each of a week's duration, were arranged at Urchfont Manor, the County Council's Residential College for Further Education, with emphasis on mental health, and all health visitors were able to attend one of these courses. The talks included:

- Relationship of Mother to Child.
- The General Practitioner and the Health Visitor.
- The Mental Health of the School Child.
- The Practice of Teaching.
- Casework Principles applicable to Health Visitors.
- The Mental Health Act, 1959 (Its application in the Community).
- The Work of the Education Welfare Officer.
- The Relationship of the Health Visiting Staff with those of the Children's and Welfare Departments.

The success of the courses was due in no small measure to the excellent arrangements made by the Warden and staff at Urchfont Manor.

A useful innovation was introduced during the year whereby the Ministry of Pensions and National Insurance provides each new applicant for old age pension with a postcard, addressed to the County Medical Officer, on which information can be requested about the services available which an elderly person may need. These cards are now being received and the health visitor who is asked to visit to give the help or advice required thus establishes a useful contact with a person who may have a particular need, or at least require follow-up visits.

The following table gives a summary of all the visits undertaken by the health visitors during 1961 with figures for 1960 in brackets (excluding Swindon, the statistics for which are given on page 39):—

Number of Children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 but under 2 years	Children age 2 but under 5 years	Tuber- culous house- holds	Other cases	Total number of families or households visited by health visitor
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
21,653 (23,707)	1,372 (1,023)	2,176 (1,435)	5,738 (6,200)	32,990 (33,191)	15,966 (18,144)	24,727 (27,573)	1,120 (1,295)	36,729 (23,030)	23,865 (21,084)

The table excludes school nursing visits.

The number of live births (excluding Swindon) corrected according to domicile, was 6,060. The figures for 1960 were 5,931.

Home Nursing

At the end of the year there were 91 home nurses, 12 being engaged whole time on this service. The others were engaged in combined duties, principally with district midwifery.

The following table shows the cases attended by the home nurses and visits paid during 1961. The figures in brackets are those for 1960 and there was little change, except that perhaps the increase in the number of patients attended on account of maternal complications reflects early discharges from maternity hospitals and the reduction in the lying-in period from 14 to 10 days, complications arising after the tenth day being now recorded under home nursing and not midwifery.

	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals
Number of Cases Attended	5,015 (5,701)	2,046 (1,961)	113 (101)	59 (43)	127 (795)	585 (788)	7,945 (8,929)
Number of Visits Paid	79,036 (80,354)	25,541 (23,418)	485 (299)	1,915 (1,009)	832 (654)	5,316 (6,891)	113,125 (112,625)

A table in Appendix B gives the districts with particulars of work undertaken, including midwifery where the work of home nursing and midwifery is combined; the figures for the previous year are shown in brackets.

Although no nurse was actually sent for district training during the year, it was possible to make a reservation for a nurse to commence training under the City of Bristol scheme in January, 1962, and it is anticipated that it will be possible to meet the future need for training in this way.

* *Immunisation*

AGAINST SMALLPOX

During the year records were received from general practitioners of 4,347 primary vaccinations and 1,498 re-vaccinations. The figures for 1960 were 4,105 and 1,085 respectively. Of the total of 4,347 primary vaccinations, 3,804 were of children under the age of 5 years, compared with 3,711 in 1960.

The number of children under two years of age vaccinated against smallpox during 1961, expressed as a percentage of the registered births, was 59.6 %.

AGAINST DIPHTHERIA

During the year 6,300 primary immunisations and 5,250 reinforcing injections were carried out by County Council medical officers and general practitioners, compared with 5,848 and 5,621 in 1960. Of these totals for the year, 4,425 primary immunisations and 1,943 reinforcing injections were undertaken by general practitioners.

Combined immunisation against diphtheria, whooping cough and tetanus was provided, unless separate immunisation was desired by the parent or required for medical reasons.

At the request of the Ministry of Health immunisation statistics during 1961 have been maintained by year of birth instead of age at time of immunisation.

The number of children born in 1960 and 1961 primarily immunised against diphtheria during 1961 expressed as a percentage of the registered live births during the year was 78.6 %.

The number of children born during the period 1952-1956, i.e. 5-9 years of age, and immunised against diphtheria during 1961 expressed as a percentage of new school entrants was 97.4 %.

AGAINST WHOOPING COUGH

During the year, 5,658 primary immunisations and 1,734 reinforcing injections were carried out by County Council medical officers and by general practitioners, compared with 5,286 and 2,808 respectively in 1960.

AGAINST TETANUS

The tetanus immunisation scheme, previously for infants under 5 years of age, and, in the area of the South West Regional Hospital Board, for older children and adults also, was extended in April to all persons in the County irrespective of age. The course consists of three injections, two at an interval of at least six weeks and a third six to twelve months later. A reinforcing injection is advised every five years. During the year 7,257 primary immunisations and 3,196 reinforcing injections were undertaken by County Council medical officers and general practitioners.

Distribution of the personal immunisation record cards made of goatskin parchment, with plastic covers, continued. The main aim in the issue of these records is to enable reinforcing injections of tetanus toxoid to be given instead of anti-tetanus serum following injuries, and it is therefore essential that the records are carefully maintained and kept immediately available for reference.

Supplies of all vaccines, other than smallpox lymph, are available to general practitioners upon request, and a fee is paid to them of 7s. 6d. for a record of immunisation against diphtheria and whooping cough or diphtheria, whooping cough and tetanus. A fee of 5s. is paid for a record of any other immunisation. Separate records are required for reinforcing injections.

Information of the immunisation scheme including the desirability of immunisation against smallpox continued to be sent to the parents of every baby by the third month, followed by a reminder letter at the age of six months if the first was ignored. If the second communication is also ignored,

[*Statistics in this section exclude the Borough of Swindon, for which information will be found in the Borough Medical Officer of Health's Report.]

further follow-up is as far as possible undertaken by the health visitor. Letters and consent forms are also distributed through schools to all new entrants to obtain parental consent to the reinforcing injection upon entry to school, or to remind the parent to request the family doctor to undertake the injection. Immunisation sessions were undertaken at regular clinics, all schools, and at specially arranged clinics.

The following table summarises the work undertaken, and shows the number of children immunised, during 1961:—

		Children Born in Years								Total
		1961	1960	1959	1958	1957	1952-56	1947-51	Before 1951	
PRIMARY	Diphtheria only	3	5	11	2	10	208	16	3	258
	Whooping cough only ...	1	3	2	—	1	2	—	—	9
	Tetanus only	1	21	76	82	63	742	276	267	1,528
	Diphtheria and Whooping Cough combined ..	40	129	65	34	11	29	5	—	313
	Diphtheria, Whooping Cough and Tetanus combined	1,820	2,744	283	158	98	199	34	4	5,340
	Diphtheria and Tetanus combined	8	14	13	16	18	211	88	21	389
REINFORCING	Diphtheria only	—	7	33	28	63	2,154	147	4	2,436
	Whooping Cough only ..	—	—	—	—	—	3	—	—	3
	Tetanus only	—	4	33	49	22	408	149	176	841
	Diphtheria and Whooping Cough combined ...	—	7	96	62	21	236	42	5	469
	Diphtheria, Whooping Cough and Tetanus combined	—	38	289	217	95	529	99	6	1,273
	Diphtheria and Tetanus combined	—	31	52	47	73	820	47	2	1,072

AGAINST POLIOMYELITIS

Provision continued for immunisation with Salk vaccine of persons who at the time of application had not reached the age of 40 years, with the other priority groups at special risk. Special day sessions continued to be held frequently throughout the County, and sessions have also been continued at works to undertake reinforcing injections of employees immunised at the many works sessions during 1960 and to undertake primary immunisation of employees.

General practitioners still immunise many patients; a payment of 5s. 0d. is made for individual records of primary and reinforcing injections. General practitioners have also co-operated by undertaking occasional immunisation work on a sessional basis. The car service for delivery of vaccine to general practitioners was maintained in 1961, insulated containers being used to ensure that the vaccine is preserved at the correct temperature during transit, and journeys covering the whole County are made at regular intervals.

In April the Ministry of Health recommended that a fourth, reinforcing, injection should be offered to children when they entered school (normally at the age of 5 years) and also to children

of five and over already at school who had not reached the age of 12. In September a restriction in supplies of vaccine occurred and the fourth injections for children were suspended, but some 20,000 injections had already been given.

Approximately 5,500 children remained on the waiting list when the suspension was announced, with, of course, additional school entrants in September.

The following table gives a general view of the work undertaken in 1961:—

	No. immunised with 2nd injection	No. immunised with 3rd injection	No. immunised with 4th injection
Children born in years 1943 to 1961	8,965	6,221	20,374
Young persons born in years 1933 to 1942	2,197	1,892	—
Persons born before 1933 who had not reached 40 at time of application	4,675	8,337	—
Others	295	252	—
TOTAL	16,132	16,702	20,374

In addition, 886 persons had had one injection only, i.e. had commenced a course at 31st December, 1961, and 3,600 persons were awaiting their first injection at the end of the year. This unusually large waiting list was caused by the fact that new courses of immunisation had been held up by the nation-wide shortage of vaccine.

Up to 31st December, 1961, a total of 92,679 persons had received three injections, the following table showing this figure sub-divided by year of birth.

Year of Birth			
1943-1961	1933-1942	Born before 1933, but under 40 years of age	Others
63,139	16,610	10,215	2,715

Immunisation of hospital staff and their families, when performed by the hospital medical staff, is not notified to the local health authority, but the Department supplied 637 units of vaccine to hospitals in 1961 for their staff.

In October the Minister of Health announced that the use of Sabin oral vaccine had been approved for primary immunisation, and that supplies would be made available to local health authorities and doctors as soon as the necessary arrangements had been made with the local authorities and the medical profession. Further information was still awaited at the end of the year.

Ambulance Service

The following table gives details of patients carried and mileage undertaken by the Ambulance Service during the year. For comparison the figures for 1960 are given in brackets.

	PATIENTS				MILEAGE	
	Accident or Emergency		Other			
AMBULANCES:						
County Council Ambulances	5,997	(5,807)	25,488	(22,340)	301,100	(281,289)
Voluntary Ambulances	380	(405)	1,374	(1,142)	42,749	(42,350)
TOTAL AMBULANCE WORK ...	6,377	(6,212)	26,862	(23,482)	343,849	(323,639)
SITTING CASE CARS:						
County Council Cars (includes taxis) ...	461	(522)	9,217	(9,654)	73,851	(66,079)
County Council Cars (dual-purpose vehicles)	755	(651)	44,126	(38,368)	229,583	(206,475)
County Car Pool	25	(116)	67,426	(69,053)	799,637	(809,038)
Voluntary Units	—	(—)	2,168	(2,375)	11,716	(12,065)
TOTAL SITTING CASE WORK ...	1,241	(1,289)	122,937	(119,450)	1,114,787	(1,093,657)
RAIL TRANSPORT	207					

The number of patients carried by the whole service increased by 6,894 and the mileage by 41,360. The average mileage per patient for the whole service was 9.26, compared with 9.42 for 1960 and 9.56 for 1959.

Eight thousand seven hundred and two extra patients were carried by ambulances and sitting-case cars, an increase of 10.1 % over 1960 and 8.7 % over 1959, while those carried by the County Car Pool decreased by 1,718.

Last year I reported that the mileage travelled by ambulances and County Council sitting-case cars was less than in 1959, but in 1961 the position was reversed and the mileage travelled exceeded the 1959 figure by 1,472; however, the number of patients carried exceeded the 1959 figure by 6,938. The mileage travelled by the County Car Pool showed a reduction of 9,401. The average miles per patient conveyed by the County Car Pool was 11.8, compared with 11.9 for 1960 and 12.4 for 1959. This suggests that more effective use was made of the County Council's own resources of men and vehicles before recourse was had to the County Car Pool.

In July a new system of analysing and recording requests for transport was introduced, so as to show more accurately the source of any increase in the number of requests as well as the type of patients concerned.

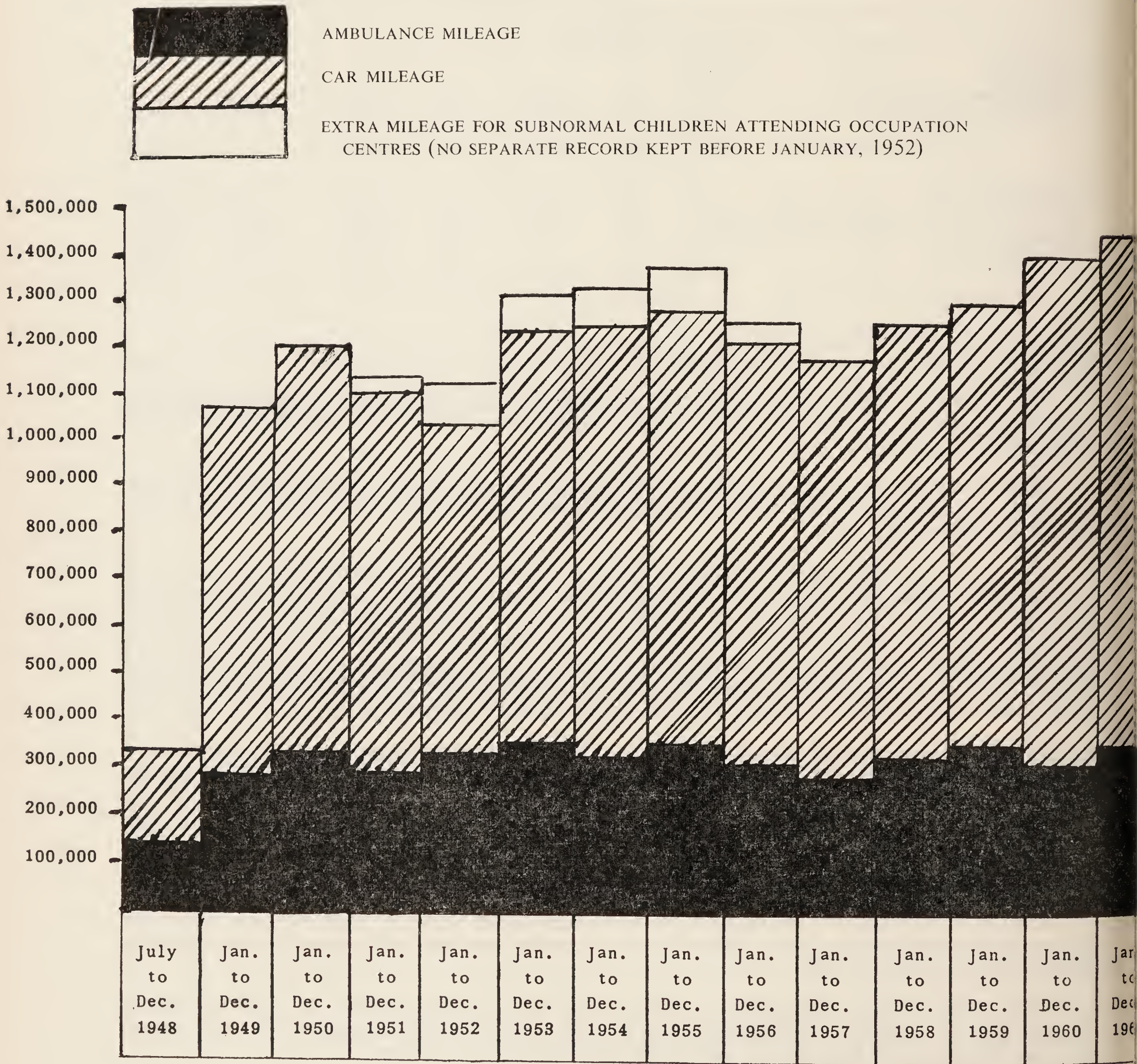
The new ambulance station in the Hilperton Road at Trowbridge, which will replace the ambulance station at Woolley Grange, Bradford on Avon, was commenced early in the year, and it is hoped that it will be brought into service by September, 1962.

It was still impossible to obtain a site for a new ambulance station at Salisbury and this project has now been transferred to 1962/3. Negotiations are being continued with regard to the possibility of a site being made available.

The service is again indebted to the British Red Cross Society and the St. John Ambulance Brigade and to members of the County Car Pool for their valuable assistance. The shortage of car pool drivers in the Malmesbury area previously mentioned continues.

As a result of national negotiations the working week for ambulance staff was reduced from 44 to 42 hours with effect from 1st January, 1961. In order to put this into effect extra drivers will be needed, but until they are appointed and rotas agreed the present staff will continue, as a temporary measure, to work a 44-hour week, with standing overtime amounting to an additional four hours.

THE FOLLOWING DIAGRAM SHOWS THE MILEAGE TRAVELLED SINCE THE INCEPTION OF THE SERVICE IN 1948



* *Prevention of Illness, Care and After Care*

(a) TUBERCULOSIS.

(b) MENTAL HEALTH.

Reports under these headings are made in the relevant sections on pages 52 and 47.

(c) OTHER TYPES OF ILLNESS

Hospital discharge reports on children are made the starting point for after-care visits by health visitors and for particular attention by the medical officer of the local infant welfare centre if the child is in attendance. Copies of notifications of the common infectious diseases received from district medical officers of health under Tenth Schedule of the National Health Service Act are used to provide information of such cases to the health visitors, although it is impracticable, particularly in epidemics, for all to be visited by the health visitors. However, by this system the health visitor is enabled to visit those who, from her knowledge of the home conditions, are most likely to need visiting and can most readily be fitted in with her other journeys. The visits undertaken are included in the main total of visits given in the section relating to health visiting on page 21.

(d) RECUPERATIVE HOLIDAYS

During 1961, arrangements were made for twenty-six convalescent patients, including four children, to be admitted to six recuperative holiday homes situated on the coast. Two weeks' holiday is normally provided, although this is sometimes extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost of the holiday are required in accordance with a scale agreed by the County Council. Arrangements and cost of travelling are the responsibility of the patient.

It seems unfortunate that this scheme is not more used, although no doubt many patients are able to make their own arrangements for recuperative holidays.

(e) HEALTH EDUCATION

From the 1st October a monthly programme on particular subjects common to the whole county was instituted and health visitors taught them accordingly in infant welfare centres and schools, using posters, leaflets, films and filmstrips obtained through the Health Department. It was thus possible for an organised and concerted effort towards positive health education to be made in all parts of the County simultaneously although the use of a monthly theme does not at any time preclude wider work in this field by the health visitor and district nurse.

The sound film projector purchased towards the end of last year has proved most useful, both for use by health visitors in infant welfare clinics and schools, and for previewing new sound films on health subjects in the Health Department. The film strip projectors continue to be in wide demand also for talks by health visitors and new film strips are from time to time added to the library kept in the Health Department.

Considerable stocks of posters and leaflets continue to be maintained for distribution through child welfare centres, etc.

During the year there has been an increase in the number of health visitors (22) giving elementary mothercraft classes to senior girls in secondary modern schools and also in the number of midwives giving relaxation and mothercraft classes for expectant mothers. Further expansion of both is planned.

Flannelgraphs, devised by one of the medical staff, have proved most useful on the subject of B.C.G. vaccination and in the campaign against smoking. This will perhaps be accentuated if at a national level more steps are taken to reduce the high pressure salemanship at present directed to the adolescent.

Health education will require an increasing amount of time and effort on the part of all concerned as well as increased expenditure, and, although short term results are difficult to assess, to consistently and effectively teach healthier living must eventually lower the incidence of both physical and mental illness.

(f) HEARING THERAPY
PRE-SCHOOL CHILDREN

Parent guidance in the methods of home training of young pre-school children with impaired hearing continued to be the Hearing Therapist's principal function, but an increased number of older pre-school children were referred to him for hearing test because of slow or defective speech development.

Regular auditory training was given to 13 children with greatly impaired hearing. One of these children was admitted to a school for the deaf and another was admitted to a school for the deaf with additional handicaps.

In all 31 children were referred for hearing assessment. Eight remained under observation at the end of the year.

Financial assistance towards the purchase of special commercial hearing aids was given in the case of two children.

The Hearing Therapist continued to attend the monthly hearing assessment clinic at Manor Hospital.

For the purposes of guidance, training and assessment the Hearing Therapist paid 381 home visits to 45 children.

(g) CHIROPODY

Applications continued to be received for treatment under the Council's chiropody service, which commenced in May, 1960 with the employment of one chiropodist. A second full-time chiropodist commenced duty in May, 1961. It has, however, not yet proved possible to extend the service to include the Cricklade and Wootton Bassett, Highworth and Marlborough and Ram-bury Rural Districts, and at the end of the year there were 153 patients from the remaining areas of the County still awaiting treatment. In order to extend the service to the whole County and to deal with the patients awaiting treatment, provision was made for the appointment of three additional chiropodists during 1962.

Treatment is provided only for the elderly, the physically handicapped and expectant mothers upon recommendation by the general practitioner, health visitor, district nurse or midwife. A scale is applied to decide whether a patient should contribute towards the cost of a treatment, the patient's contribution being fixed at 6s. if levied at all. Otherwise treatment is provided free. Patients required to pay but needing frequent treatment, or having exceptionally heavy personal expenses, can apply for an assessment of contribution under the scale used for the Domestic Help Service.

In addition to the direct service, voluntary organisations with chiropody services continued to apply for financial assistance and, during the year, grants totalling £575 had been made to 6 old people's organisations.

Development of the scheme has shown that the use of the County Council's direct service is mostly for domiciliary treatment of patients unable to leave their homes, while old people's organisations tend to cater mainly for the patient who is able to attend a Centre. However, Clinics for County chiropodists were arranged as follows:—

The General Infirmary, Salisbury.

The County Council Clinic, Corsham.

The Surgery, Nurse's House, Hullavington.

Holton House, Corsham (for residents of the elderly persons dwelling at Holton House and Alexander House).

The County Council Clinic, Trowbridge.

Lack of suitable premises, or insufficient numbers of ambulant patients, made it impossible to hold clinics in other areas and, in a comparatively small number of cases, domiciliary treatment instead was provided for those fit to travel.

The County Council's chiropody service was not augmented by direct employment of private chiropodists, except for one chiropodist who treated 6 patients in his area for the fee agreed by the Management Side of the Whitley Council.

The following is a summary of work undertaken by the chiropodists during 1961:—

Conditions treated:—

Corns, callouses, etc., not complicated by other physical conditions	...	...	...	...	...	...	...	360
Severe nail conditions	...	...	...	...	...	...	...	62

Similar lesions complicated by other physical conditions:—

Diabetes	...	...	...	...	...	...	...	25
Sepsis	...	...	...	...	...	...	...	36
Severe circulatory disorders	...	...	...	...	...	...	...	23
Gangrene	...	...	...	...	...	...	...	2

Total patients treated during 1961	508
------------------------------------	-----	-----	-----	-----	-----	-----	-----	-----

Number of treatments given during year	2,665
--	-----	-----	-----	-----	-----	-----	-----	-------

The following shows patients who commenced treatment in 1961, classified by age groups:—

<i>Age Group</i>	<i>Domiciliary</i>	<i>Clinic</i>
under 60	5	—
60	15	5
65	19	5
70	20	10
75	28	3
80	29	3
85	15	1
90 and over	2	—
Totals ...	133	27

A worthwhile start has been made in providing a comprehensive service for the County and, as additional staff become available, it is hoped to meet the needs of all those in the priority groups. It is, however, difficult at this stage to assess the full potential need.

(h) PROVISION OF HOME NURSING EQUIPMENT

In Appendix "C" is a list of the medical loan depots run by the British Red Cross Society and St. John Ambulance Brigade in conjunction with the County Council. In addition, there is a central medical loan depot at County Hall for larger articles of equipment such as foam rubber mattresses, spinal carriages, wheelchairs, etc.

During 1961, 2,039 loans were made from the local depots and from County Hall. Charges varying from 1d. to 1s. per week are made according to the value of the article, although these are remitted in necessitous cases.

(i) B.C.G. VACCINATION

Routine tuberculin testing followed by B.C.G. vaccination if necessary is offered under the Authority's arrangements for children from the age of thirteen who attend maintained and independent schools and for younger children in the same classes, as well as for those in approved schools and students at technical and further education colleges. The number in respect of whom consent was received was 4,080, compared with 5,698 in 1960. In that year, however, the arrange-

ments were extended to the groups mentioned, whereas previously they were restricted to children between the ages of thirteen and fourteen years. It was to be expected, therefore, that there would be a drop in the figure for 1961 and in subsequent years as many of the children in the older age groups will already have been tuberculin tested and vaccinated if necessary. A positive reaction to the tuberculin test means that a child has already acquired some natural immunity against tuberculosis, and vaccination is, therefore, not required.

Unfortunately, because of vacancies in the medical staff and the need for priority to be given during the summer to poliomyelitis immunisation, the programme could not be completed before the end of the year and the visits to three maintained schools and eleven independent schools with approximately 400 children to be dealt with had, therefore, to be brought forward to 1962.

The rate of consent for children in maintained schools who had not previously been tuberculin tested was again disappointingly low—56 per cent compared with 67 per cent in 1960 and 77 per cent in 1959. In the report of the Ministry of Health for the year 1960 the Chief Medical Officer comments that a satisfactory state of vaccination among school children is far from being achieved. On the assumption that the majority of the children vaccinated will have been in the thirteen-year-old age group, figures are quoted which show the number vaccinated was 52 per cent of the total in that group. Using the same formula, the Wiltshire figures for 1961 were 49.5 per cent. In the hope of arresting the downward trend and of stimulating interest in this form of vaccination it was decided that talks by the medical officers illustrated by a flannelgraph should be given before parental consent was sought. The flannelgraph was one which had been designed by one of the medical officers, but it could not be made available in sufficient numbers for each medical officer to have one before June. Consequently, the experiment could only be tried at eighteen schools before the end of the year. The results so far are encouraging as the average rate of consent at these schools was 71.8, but it is clear that urgent consideration must be given to other possible ways of improving the situation.

Including 781 children for whom consent was received in 1960 but could not be dealt with in that year's programme, the number invited for tuberculin testing during 1961 was 4,463. Of these, 235 were absent when the tuberculin tests took place and the number who attended was thus reduced to 4,228. The Heaf multiple puncture method is used for tuberculin testing and the results are summarised below with comparative figures for 1960 in brackets.

Number who had preliminary Heaf test	...	...	...	4,228	(5,542)
Results of Heaf tests:—					
Positive, and B.C.G. vaccination therefore not indicated				785	(1,304)
Absent when results read	...	...	...	224	(195)
Percentage positive	...	...	...	19.6	(24.4)
Negative, and children vaccinated	...	...	...	3,218	(4,042)
Negative, but vaccination refused	...	...	...	1	(1)

The children who were absent when they should have attended for Heaf Testing and those who were tested but failed to attend when the results were read are being followed up.

Of the 785 children whose Heaf test results were positive 162 had severe reactions. When such reactions occur the children may have a special risk of contracting tuberculosis later and they are referred to the chest clinics as a routine for further investigation.

The results in the cases of these 162 children were:—

Nil abnormal detected	...	...	...	...	147
Evidence of old tuberculous infection	...	...	...	...	7
To return to clinic if further symptoms arise	...	...	...	...	1
Small infected neck gland	...	...	...	...	1
Under observation at clinics	...	...	...	...	4
Pulmonary tuberculosis, but not infective	...	...	...	...	1
Failed to attend, and being followed up by Health Visitor					1

Children vaccinated in previous years are given further tuberculin tests at yearly intervals while they are still at school to check that the satisfactory results of vaccination have been maintained. The number of children re-tested in 1961 and the results were as follows:—

<i>Year of Vaccination</i>	<i>No. of children Heaf tested in 1961</i>	<i>Results of Heaf Tests</i>		<i>Percentage Negative</i>
		<i>Positive</i>	<i>Negative</i>	
1958	57	50	7	12.3
1959	453	418	35	7.7
1960	*2,541	2,324	215	8.5
	<hr/> 3,051	<hr/> 2,792	<hr/> 257	<hr/> 8.4

*Two children absent when results should have been read.

The parents of the 257 children whose results were negative were asked to give their consent to re-vaccination. Twelve refused, 17 children had left school before re-vaccination could be arranged, and 20 are awaiting re-vaccination. The number re-vaccinated was thus 208. Of these, 205 were satisfactory and three unsatisfactory.

In 1960, of 173 children vaccinated in 1958 only three, or 1.7 per cent, were negative when tested. As will be seen from the figures above, however, seven out of 57 or 12.3 per cent of this same group who were still at school were negative when tested again in 1961. Similarly, 5.3 per cent of children vaccinated in 1959 were negative when tested in 1960, but when those still at school were re-tested in 1961, 7.7 per cent were negative. Of all children previously vaccinated who were tested in 1960, 4.9 per cent were negative. The comparable figure in 1961 was 8.4 per cent. Why there should be these apparently anomalous results or why the percentage of children found negative when tested after intervals of two years should have risen is not clear. One possible explanation of the increasing numbers found negative a year after vaccination may be that the vaccinations should not have been recorded as satisfactory in the first place. Before 1958 the results were not recorded until they had been confirmed by tuberculin testing six or seven weeks after vaccination. Since that date the assessment of results has been by clinical observation only.

[*Statistics in this section exclude the Borough of Swindon, of which information will be found in the Borough Medical Officer's Report.]

* *Domestic Help*

During the year help was provided in 1,034 households and, on the 31st December, 757 households were being assisted. Of these, 668 current cases had received help for periods exceeding three months. The total number of households assisted represents an increase of 163 over the previous year.

There was an increase in the number of confinement cases helped during the year, 82 as compared with 62 in 1960, but otherwise almost all the resources were devoted to the care in their own homes of the chronic sick and elderly so that admission to hospital or welfare homes was often unnecessary or delayed.

A special sub-committee was appointed during the year to examine the use of the domestic help service, although, based on figures for 1959-60, the expenditure on the service in Wiltshire, excluding the Borough of Swindon, was less than half the average rate for the English counties. The committee considered that no excessive use was being made of the service and that additional financial provision should be made to meet the anticipated increased need.

Persons in receipt of old age pensions without additional means, and those with old age and supplementary pensions or in receipt of national assistance, are not expected to make contributions. Appendix D to this report analyses in more detail the use of the service in 1961.

NIGHT ATTENDANT SERVICE

Although there is no great demand for this service, it occasionally brings help when it is urgently needed by providing care at night for those who are ill and live alone or with someone who is unable to care for them. Evening service to prepare a meal or hot drink and to help the patient to bed is also very useful on occasions. Eight patients who were assisted during the year received help for about 900 hours evening service and 326 nights.

[*Statistics in this section exclude the Borough of Swindon, of which information will be found in the Borough Medical Officer's Report.]

Extract from Report of the Medical Officer of Health for the Borough of Swindon

(With acknowledgment to the Medical Officer of Health for Swindon, being those portions relevant to the functions for the health services delegated to the Swindon Borough Council under Section 46 of the Local Government Act, 1958. Some references to welfare services, also delegated, are inevitably included in the Medical Officer's foreword, as they are inseparable in the text.)

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF SWINDON,

I have much pleasure in submitting the report on the Health and Welfare for the Borough for 1961.

Under the Local Government Act, 1958, Health and Welfare functions were delegated to the Borough Council on 24th April, 1961. Previously, the Local Health Authority functions which were delegated to the Area Sub-Committee were the subject of a separate report but are now included in this report and cover the whole year. Mental Health and Welfare functions, which were previously not delegated, are reported upon as from the date of delegation.

On the whole, the delegation has functioned smoothly, but at the end of the year there were several matters which had not been settled and which are the subject of negotiations between the Borough and the County Council.

From the various statistical tables included in the report it will be seen that the health of Swindon compared favourably with that of England and Wales as a whole. While the infant mortality remains substantially lower than that of the country as a whole there was during the year a substantial increase in the still-birth rate, particularly of female children. Comment is made under the appropriate heading on our investigation into this disturbing finding.

The staffing position of Health Visitors and dentists remains very grave. I am, however, glad to report that one full-time dental officer was appointed and took up work on 18th December, 1961. A scheme for the training of pupil Health Visitors has been approved, but even if the places are taken up we will not reap the benefit for a further two years. At the end of the year we had vacancies for seven Health Visitors out of our establishment of 14. We continued to have the help of Health Visitors at Child Welfare Clinics from the County area outside Swindon, but even with this help the work of the department has been severely limited in this field. It is hoped that, in the near future, the proposal to employ trained nurses for routine Clinic and School Health duties will be introduced to alleviate the present difficulties.

In conclusion I wish to express to the Chairman and members of the Health Committee my gratitude for their encouragement and help during the year and my appreciation of the co-operation received from the officers and staff of the Corporation departments.

I am,

Your obedient servant,

JAMES URQUHART,

Medical Officer of Health.

Civic Offices,
Swindon.

BIRTHS

LIVE BIRTHS

The table below shows the number of legitimate and illegitimate live births in Swindon, together with the comparable figures for 1960.

LIVE BIRTHS	1960			1961		
	Males	Females	Total	Males	Females	Total
Legitimate	898	916	1,814	1,022	890	1,912
Illegitimate...	40	47	87	49	33	82
TOTALS	938	963	1,901	1,071	923	1,994

The number of illegitimate children born during the year showed a decrease compared with 1960 and the illegitimacy rate (4.10%) is lower than that of England and Wales as a whole (5.9%).

The live birth rate dropped slightly from 22.40 to 21.80 live births per 1,000 population. The rate for England and Wales as a whole is 17.4.

Year	Live Birth Rate per 1,000 Population	
	Swindon	England and Wales
1951	15.6	15.5
1952	15.2	15.3
1953	16.6	15.5
1954	16.08	15.2
1955	16.12	15.0
1956	18.29	15.7
1957	19.95	16.1
1958	19.96	16.4
1959	21.29	16.5
1960	22.40	17.1
1961	21.81	17.4

STILL BIRTHS

The following table shows the number of legitimate and illegitimate still births in Swindon in 1961, with the comparable figures for 1960.

STILL BIRTHS	1960			1961		
	Male	Female	Total	Male	Female	Total
Legitimate	17	8	25	17	28	45
Illegitimate...	2	1	3	1	1	2
TOTALS	19	9	28	18	29	47

Year	STILL BIRTH RATE (per 1,000 Live and Still Births)	
	Swindon	England and Wales
1956	22.4	22.9
1957	20.2	22.5
1958	19.0	21.6
1959	16.8	21.0
1960	14.5	19.7
1961	23.0	19.1

Swindon's still birth rate rose sharply during 1961. The reasons for this rise are inexplicable because the causes of still births are not recorded in England and Wales, nor is there an agreed classification. It is recognised that maternal age and parity order independently influence the probability of a child being stillborn, i.e. older mothers tend to give birth to a higher percentage of stillborn children and first born children are more liable to still birth. So, it may happen that in any given year a higher percentage of children may be first born and the age of the mothers may be higher than usual, and the still birth rate may rise due to these factors alone and without any regard for living standards, diet and ante-natal care.

Post-mortem examination of 26 babies delivered stillborn in hospital showed the causes of death to be as follows:—

			<i>Male</i>	<i>Female</i>
Intra uterine asphyxia	...	...	7	7
Prematurity	...	...	1	1
Tentorial tears	...	...	1	3
Anencephaly	...	...	0	4
Spina bifida...	...	...	1	1
			—	—
			10	16
			—	—

MATERNAL MORTALITY

For the fourth successive year Swindon has been in the enviable position of having had no maternal deaths. The table below illustrates the position over the past five years:—

Year	Number of Maternal Deaths in Swindon	Maternal Death Rate per 1,000 Live Births	
		Swindon	England and Wales
1957	2	1.22	0.48
1958	—	—	0.44
1959	—	—	0.38
1960	—	—	0.39
1961	—	—	0.33

INFANT MORTALITY

The Infant Mortality Rate rose slightly in Swindon during 1961. Thirty-five babies under the age of 1 year died, compared with 29 in 1960. The certified causes of death were as follows:—

Premature, with unexpanded lungs...	10
Prematurity, alone	6
Bronchopneumonia	4 (including 1 premature child)
Congenital abnormality	3
Birth Trauma	3 (including 1 premature child)
Asphyxia (including 1 accidental death)	3
Meningitis	2
Acute Bronchitis	1
Adrenal Haemorrhage	1
Volvulus	1
Rhesus incompatibility	1

It will be seen from the table below that the Infant and Neonatal Mortality Rates for Swindon compare favourably with that of England and Wales as a whole. The rates are expressed per 1,000 live births.

Year	Swindon		England and Wales	
	Neo Natal Mortality Rate	Infant Mortality Rate	Neo Natal Mortality Rate	Infant Mortality Rate
1956	14.0	19.9	16.8	23.7
1957	19.9	26.4	16.5	23.1
1958	26.8	33.5	16.2	22.6
1959	16.5	23.9	15.8	22.2
1960	12.1	15.3	15.6	21.9
1961	13.5	17.6	15.5	21.6

VACCINATION AND IMMUNISATION

Facilities for vaccination and immunisation, except poliomyelitis vaccination, are available at all child welfare clinics and special immunisation clinics are held whenever the number of requests justifies this.

Poliomyelitis vaccination is carried out at special clinics held either in clinic premises or at factories or work places where large numbers are employed. Vaccination facilities are also available through the general practitioners.

The preliminary results of the trial of injected quadruple vaccine (to protect babies simultaneously against poliomyelitis, Type 1, 2 and 3, whooping cough, diphtheria and tetanus) shows that such a schedule produces adequate protection against three of the five components tested, but to obtain optimum protection against certain types of poliomyelitis virus, boosting injections were desirable. A similar clinical trial is in progress at present, using a simultaneous administration of oral poliomyelitis vaccine and injected triple antigen.

POLIOMYELITIS IMMUNISATION

The total number of persons vaccinated with two injections during 1961:—

<i>Age Groups</i>									
1943-1961	...	...	...	...	...	...	...	...	3,189
1933-1942	...	...	...	...	...	...	...	...	647
Persons born before 1933 who have not passed their 40th birthday									1,937
Others	...	...	...	...	...	...	...	...	87
Total									5,860
Total number of persons vaccinated with a third injection during 1961									8,941
Total number of persons vaccinated with two injections since the commencement of the scheme...									34,056
Total number of persons vaccinated with a third injection since the commencement of the scheme									31,788
Total number of persons vaccinated with a fourth injection during 1961									5,316

IMMUNISATION

	<i>Local Health Authority 1961</i>	<i>General Prac- titioner 1961</i>
<i>Diphtheria alone:</i>		
Number of children who have completed course	119	23
Number of children given boosters... ..	294	123
<i>Whooping cough alone:</i>		
Number of children who have completed course	—	—
<i>Diphtheria and Whooping cough combined:</i>		
Number of children who have completed course	18	39
Number of children given boosters... ..	312	22
<i>Diphtheria, Whooping cough and Tetanus combined:</i>		
Number of children who have completed course	655	1,056
Number of children given boosters... ..	56	311
<i>Diphtheria and Tetanus combined:</i>		
Number of children who have completed course	92	113
Number of children given boosters... ..	74	92
<i>Tetanus only:</i>		
Number of children who have completed course	32	108
Number of children given boosters... ..	—	16

SMALLPOX VACCINATION

	Under 1 year	1—4 years	5—14	15 years and over	Total
Primary Vaccination ...	856	161	90	92	1,199
Re-Vaccination ...	—	18	45	174	237
TOTALS ...	856	179	135	266	1,436

HEALTH VISITING

During 1961 the establishment of 14 Health Visitors was never reached, and at best reached a strength of eight. This staff shortage seriously limited the visiting arrangements and also caused a reduction in the number of routine school medical inspections during the year. One partial solution of this difficulty would be to recruit State Registered Nurses for part-time duties at school clinics and medical inspections, thus releasing the Health Visitors for visiting duties, and the staffing of additional Infant Welfare Clinic sessions.

Number of visits paid by Health Visitors (figures for 1960 in brackets):—

Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5	Other Classes
First Visits	Total Visits	First Visits	Total Visits	Total Visits	Total Visits
187 (288)	191 (293)	1,897 (1,945)	4,675 (3,875)	3,318 (3,245)	652 (607)

Included in "Other classes" in this table are eight visits to cases of infectious disease and 337 visits to cases of tuberculosis.

During the year Health Visitors paid 191 visits to expectant mothers to investigate their home circumstances.

INFANT WELFARE CLINICS

Details of the Infant Welfare Clinics held and the attendances at each throughout the year are recorded in the table given below:—

Centre	Day and Time, 2—4.30 p.m.	Number of consultations with doctor	Number of attendances
61 Eastcott Hill... ..	Wednesday and Friday	2,135	5,493
Beech Avenue, Pinehurst	Tuesday	916	1,944
Gorse Hill	Wednesday	834	2,304
Rodbourne Cheney	Monday	713	1,856
Bath Road	Friday	1,161	2,692
Penhill	Tuesday	707	2,131
Park South—Priory Road	Thursday	1,137	4,047
Walcot—Common Room	Monday	624	2,241
TOTAL—All Centres		8,227	22,708

Overall attendances increased during 1961 by over 1,300 compared with 1960. The clinic at Priory Road was particularly well attended, and it is hoped to hold additional clinic sessions here early in 1962. Throughout the year, by kind permission of the County Medical Officer of Health, County Council Health Visitors attended on occasions to assist at some of the busier Child Welfare Clinics, and their help is gratefully acknowledged. It is hoped during the coming year to find additional premises to meet the ever-growing need for clinic facilities.

WELFARE FOODS

Welfare foods are distributed at all Child Welfare Clinics and at the Health Centre. Proprietary foods are available at all such Child Welfare Clinics but not at the Health Centre.

Welfare Foods	Health Centre Issues	Clinic Issues
National Dried Milk	18,122 tins (19,692)	17,984 tins (20,400)
Cod Liver Oil	1,382 bottles (1,936)	2,784 bottles (3,752)
Vitamin Tablets	1,868 packets (2,530)	2,091 packets (3,168)
Orange Juice	12,240 bottles (22,406)	20,839 bottles (33,846)

(Figures for 1960 are shown in brackets)

Proprietary Dried Milks, etc.

		£	s.	d.
1960	— 20,007 sales, realising	2,747	12	6
1961	— 28,431 sales, realising	2,858	4	0

DAY NURSERIES, AND CHILD MINDERS

The day nursery at Gorse Hill Community Centre provides 25 places. The nursery had its full quota of children throughout the year.

Priority is given to parents who require placement of their children for social reasons. Meals continue to be provided by the nursery staff and the menus are scrutinised by the Medical Officer when he pays his weekly visit of inspection.

No new registrations under the Nurseries and Child Minders Regulation Act were made during the year. Two persons continue to be registered as child minders, one catering for 26 children and the other for eight children between the ages of two and five years for mornings only.

The following table summarises the position of the Local Health Authority nursery:—

	Number of Nurseries	Number of Approved Places	Number of children on the Register at the end of the year		Average daily attendance	
			0—2	2—5	0—2	2—5
Nurseries maintained by the Council	1	25	4	17	3	14

MIDWIFERY

The establishment of domiciliary midwives for Swindon is 14 and this target was rarely achieved during the course of the year.

Eight midwives are approved as teachers of pupil midwives and during the year 35 pupils from Swindon Maternity Hospital and Bradford on Avon Maternity Hospital completed their district training.

Midwives booking clinics are held as follows:—

81 Bath Road 2nd and 4th Wednesday in the month at 6 p.m.
 Pinehurst Clinic 1st and 3rd Thursdays in the month at 2 p.m.
 Penhill Clinic 1st and 3rd Wednesdays in the month at 2 p.m.
 Priory Road Clinic 1st and 3rd Tuesdays in the month at 6 p.m.

Local Health Authority ante-natal clinics are held as follows:—

81 Bath Road Monday 1.30 p.m. Friday 9.30 a.m.
 Pinehurst Clinic Friday 1.30 p.m.

In two instances domiciliary midwives attend ante-natal clinics run by general practitioners.

During 1961, 2,023 live births and 50 still births occurred in Swindon, of which 898 live births and four still births were domiciliary.

The pressure on maternity beds in Swindon remained acute, although extensions at the Maternity Hospital will eventually result in 12 more beds becoming available, and some of these extra beds were in use during 1961. The maternity beds at the R.A.F. Hospital, Wroughton, continued to be fully utilised and 179 live births and three still births attributable to the Borough took place there.

Relaxation and Mothercraft courses were held at Pinehurst and Priory Road Clinics and proved to be popular. Details of attendances are shown below:—

	<i>No. of courses</i>	<i>Total of mothers attending</i>
Priory Road Clinic	5 (of 6 weeks)	60
Pinehurst Clinic	1 (of 6 weeks)	12

MEDICAL AID

In accordance with the provisions of the Midwives Act, 1936, medical aid was summoned in 119 instances during the year.

ADMINISTRATION OF ANALGESIA

All the domiciliary midwives employed by the Local Health Authority in Swindon are qualified to administer gas and air and trilene analgesia and have been supplied with the necessary apparatus.

				<i>Acting as Midwives</i>	<i>Acting as Maternity Nurses</i>
Gas and Air	...	...	...	—	—
Trilene	...	...	...	650	38
				—	—
				650	38
				—	—

This means that of a total of 902 domiciliary births, analgesia was administered in 688 cases.

	Number of Deliveries attended by Midwives in the Area during the Year					
	Domiciliary Cases				Totals	Cases in Institu- tions
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
(a) Midwives employed by the Authority	1	2	58	839	900	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pur- suance of Sec. 23 of the Nation- al Health Service Act, 1946 ...	—	—	—	—	—	—
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Ser- vice Act)	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1,145
(d) Midwives in private practice (in- cluding midwives employed in nursing homes)	—	—	—	—	—	—

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE AND POST NATAL CLINICS

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue	Fridays ...	1.30 p.m. to 4.0 p.m.
Bath Road	... Mondays	1.30 p.m. to 4.0 p.m.
Bath Road	... Fridays ...	9.30 a.m. to 12.0 noon

	1960	1961
Number of women who attended these clinics during the period	721	647
Number of attendances made during the period	3,462	3,010

CARE OF PREMATURE INFANTS

Premature baby units are maintained at both Kingshill Maternity Hospital and at Wroughton R.A.F. Hospital.

When a premature baby born at home is deemed to require the special care and nursing provided by the premature baby unit, both mother and child are admitted to hospital. The ambulance station is equipped with a portable incubator for the transport of these babies to hospital.

It will be seen from the table given below that of the 139 premature babies born during the year 15 did not survive the first month of life and of these 10 died within 24 hours of birth.

	1960	1961
Number of premature babies born:		
(i) At home	31	18
(ii) In hospital or nursing home	108	121
Number who died during the first 24 hours:		
(i) Born at home	—	—
(ii) Born in hospital or nursing home ...	6	10
Number who survived at end of one month:		
(i) Born at home	30	18
(ii) Born in hospital or nursing home ...	97	106

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

Owing to the fact that no full-time dental surgeon was on our establishment for virtually the whole of 1961, work in this field was again severely curtailed.

	<i>Examinations</i>	<i>Treated</i>
Expectant and Nursing Mothers	28 (91)	25 (61)
Children under School Age ...	78 (173)	73 (146)

(Figures for 1960 are shown in brackets)

HOME NURSING

The demand for home nursing during 1961 remained much the same as 1960 and the total number of cases was 37 fewer than 1960 and 440 fewer visits were made.

The following table summarises the number and type of cases to which the domiciliary nurses were called during the year.

	<i>No. of Cases</i>
Respiratory diseases (excluding tuberculosis)	110
Digestive diseases	57
Heart and Arteries... ..	84
Veins and other circulatory diseases	124
Genito-urinary	81
Skin	32
Ear, Eye and other sense organs	13
Cancer (and other neoplasms)	53
Cerebral lesions of vascular origin	58
Infections and parasitic diseases	32
Diabetes	27
Injuries	19
Tuberculosis	11
Bones and organs and movement (mainly rheumatism)	22
Pregnancy	28
Mental and other nervous diseases	9
Other diseases or ill defined	364
Preparation for X-ray examination	—
Total number of cases	1,124

in respect of which 21,591 visits were made

MEDICAL LOAN APPLIANCES

A large range of nursing and invalid aid appliances is maintained at the Health Centre and is available on loan when required. A small loan charge is levied for such appliances.

The table below shows how much use is made of these appliances:—

STATEMENT OF MEDICAL LOAN APPLIANCES ISSUED

Appliance	Number Issued on Payment (New Issues)		Number Issued on Free Loan (New Issues)	
	1960	1961	1960	1961
Bed Pans (including 5 rubber pans) ...	692	819	1	1
Waterproof Sheets	624	791	1	1
Air Rings	39	49	—	—
Bed Rests	41	33	—	—
Invalid Chairs	56	60	1	1
Urinals	23	41	—	—
Bed Cradles	21	26	—	—
Sick Feeders	8	16	—	—
Crutches (pairs)	5	4	—	—
Bed Slippers	15	—	—	—
Air Beds	—	—	—	—
Commodes	—	3	—	—
Walking Sticks	3	—	—	—
Diabetic Spring Balances	—	—	—	—
Steam Kettles	—	—	—	—
Inhalers	—	—	—	—
Guthrie Smith Chair	—	—	—	—
Dunlopillo Mattresses	—	—	—	—
Enuresis Alarms	—	3	2	2

	£	s.	d.
Hire payments received on appliances during the year ended 31.12.61...	228	7	9
Hire payments received on appliances during the year ended 31.12.60...	122	15	1

PREVENTION OF ILLNESS, CARE AND AFTER CARE

(1) Tuberculosis	} Reports under these headings are made in the relevant Sections of this report.
(2) Mental Health	
(3) Immunisations	
(4) Provision of Medical Loan Appliances	

Ten convalescent or recuperative holidays were provided during 1961, compared with five during the previous year.

EVENING AND NIGHT ATTENDANCE SERVICE

During 1961 there were only four cases requesting a night attendant. In all, 14 attendances were made. No request was made for evening attendance.

DOMESTIC HELP SERVICE

The demand for this service increased during 1961 and in spite of the loss of time through staff illness, approximately 8% more help has been given. Only 7% of the cases helped paid the full fee.

The sum allocated for domestic help service during 1961 was £23,500, an increase of £2,000 over the previous year.

Of the home helps employed 28 worked whole-time and the remainder part-time.

A summary of the work of the Domestic Help Service during the year is given:—

		1961	1960
Number of domestic helps available at the end of the year		96	91
Number of householders helped during the year:			
(a) Maternity cases	... ..	132	160
(b) Other cases	... ..	527	478
Total	... ..	659	638
Number of hours of assistance provided during the year:			
(a) Maternity cases	... ..	9,215	10,564
(b) Other cases	... ..	104,806	95,958
Total	... ..	114,021	106,522
Number of cases in which full fee was not charged...	...	618	597
Number of hours lost during the year through sickness	...	7,593	7,299

HEALTH CENTRE

The Health Centre accommodates 10 general practitioner consulting rooms, a pharmacy, dental and chiropody departments, and a welfare food distribution centre. A summary of some of the work performed at the Health Centre is given below:—

Number of prescriptions dispensed	... ..	95,987
Number of attendances for dental treatment	...	8,763

Scalings and Gum Treatments	FILLINGS		Extractions	X-rays	DENTURES AND APPLIANCES	
	Amalgams	Plastic			Repairs and Relines	Manu- factured
332	2,545	408	2,260	244	807	848

CHIROPODY DEPARTMENT

This department was reopened on 1st March, 1961, having been closed since 31st October, 1960. 435 patients awaited appointments and 35% of these failed to keep their appointments or cancelled them at short notice. This was probably due to people making other arrangements during the period that the department was closed. After two months the percentage of missed or cancelled appointments fell to 10%, which is normal for this type of work.

In addition to treatment given at the Health Centre, 32 domiciliary treatments were given during 1961. This service was given to people physically unable to leave their homes.

Owing to increased demand, the period between treatments rose from six to ten weeks, but it was not found necessary to form a waiting list. However, it was found necessary to restrict the service to the following categories:—

1. The elderly
2. The physically handicapped
3. Expectant and nursing mothers

Statistics (1.3.61—31.12.61)

Patients awaiting new appointments 1.3.61	... ..	435
Patients under treatment 31.12.61	... ..	565
Number of treatments	... ..	1,997

MENTAL HEALTH SERVICES

STAFF

The Staff consists of one Senior Mental Welfare Officer, one Mental Welfare Officer and the services of a further Mental Welfare Officer are shared with the North Wilts Area Officer.

A 24-hour service is maintained and outside office hours this is worked in conjunction with the North Wilts Area.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

Among other provisions, the Mental Health Act, 1959, provides for co-operation and integration between the Local Authority and the Hospital Services in the field of prevention, care and after care of mental illness. It is pleasant to report a high degree of liaison and co-operation with Roundway and Pewsey Hospitals. There is still, however, extreme pressure on the limited numbers of beds available for the mentally sub-normal and it is sometimes extremely difficult to arrange admissions.

The Upham Road Training Centre which started functioning in November will, when fully developed, provide a much-needed service for the mentally handicapped in the town and surrounding districts.

There is also an excellent level of co-operation with general practitioners, and it is probable that this level will rise even higher when more and more mentally ill and handicapped people are treated in their homes, instead of spending long periods in institutions.

SUMMARY OF THE MENTAL HEALTH WORK FROM 24TH APRIL, 1961, TO 31ST DECEMBER, 1961

Admissions to hospitals	...	...	213
Home visits	...	...	1,298
Office interviews	...	...	1,381

The following table shows the number of admissions effected by Mental Welfare Officers under the Mental Health Act, 1959.

		Informal			Sec. 25			Sec. 26			Sec. 29			Sec. 60			Totals		Total
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	
BOROUGH AREA	...	59	113	172	2	8	10	1	1	2	9	9	18	1	—	1	72	131	203
N.W. AREA	...	5	2	7	—	1	1	—	—	—	2	—	2	—	—	—	7	3	10
TOTAL																		...	213

At the end of 1961 324 patients (including two Under Guardianship) were under care.

The following table classifies their disabilities.

Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
—	1	32	62	—	—	—	—	5	4	76	80	27	14	12	11	32	19	120	153	324

Mental Health Services

MENTAL HEALTH ACT, 1959

The year 1961 was the first complete calendar year of working only with the new procedure brought about by the introduction of the Mental Health Act, 1959.

The new procedures for compulsory detention in hospital and retention under guardianship have now become reasonably well established and difficulties anticipated, particularly over emergency admissions, have not materialised.

The year was largely one of planning for hostels and training centres. The new Swindon Training Centre opened in November and work has already commenced on the building of the new Trowbridge Junior and Adult Training Centre.

Although no actual building operations commenced in 1961 in connection with the Salisbury Adult Training Centre, the hostel for mentally subnormal men at Salisbury, the new Chippenham Junior and Adult Training Centre and the hostel for rehabilitable mentally ill, it is anticipated that a start will be made in the early part of 1962.

I mentioned in my report for 1960 that a revision of areas for mental welfare officers was under consideration. This revision was brought into operation during the year. As a first step, the County was divided according to Hospital Regions. The part of the County falling within the Oxford Region was divided between the Borough of Swindon and the area outside of the Borough, and the portion of the County falling within the South Western Region was divided into two equal portions. This, together with the southern part of the County in the Wessex Region, made five groups with approximately the same population. Each one of these five groups has a senior mental welfare officer, supported by one or more mental welfare officers. In four of the groups there is an area office for the mental welfare officers and it is hoped that an area office can be obtained in the near future in Chippenham so that the mental welfare officers for that area may work in the centre of the population which they serve. At present they work from the area office in Trowbridge. This regrouping, beside spreading the case loads more evenly, means that the officers work from a reasonably central point as regards population for their areas and reduces travelling time. It will also enable any future expansion to be carried out systematically by appointing additional mental welfare officers to work under the supervision of the senior officers, as and when the work in any area requires them.

On the 24th April the day-to-day work of the domiciliary mental health services within the Borough of Swindon was delegated to the Swindon Borough Council. This meant that the mental welfare officers working within the Borough came under the control of the Medical Officer of Health for the Borough. The Ministry of Health, however, decided that the administration of the Junior and Adult Training Centre in Swindon should remain with the County Council.

(1) ADMINISTRATION

(a) Staff

The establishment of Mental Welfare Officers was increased by one during the year. This change in establishment meant that the Borough of Swindon would control under delegated powers one senior mental welfare officer and two mental welfare officers, leaving the rest of the county with four senior mental welfare officers and five mental welfare officers. Appendix E gives details of areas served by the various officers and shows how they can be contacted during office or off duty hours.

The staff of the training centres for the mentally subnormal is also detailed in Appendix E. The main change is the appointment of craftsmen/instructors for the adult centre at Swindon. There are few who, in addition to possessing a craft, have a knowledge of mentally sub-normal persons. As most trainees in the adult centres will in the future have received training in a junior centre and as the emphasis of the adult centres is on productive work, it was felt best as a policy to appoint persons with a craft and train them to work with subnormal persons.

(b) *Co-operation with Hospitals*

Excellent relationships with the hospitals to which Wiltshire patients are admitted have continued throughout the year.

The close contact between the Old Manor Hospital, Salisbury, and the mental welfare officers in their area has been strengthened by regular attendance of the officers every week at case conferences.

Although there is no regular attendance of mental welfare officers at case conferences at Roundway Hospital itself, there has been a greatly increased attendance of officers at out-patients clinics arranged by the Hospital.

Such contacts are most helpful to the patient because they enable the mental welfare officers to perform their preventive and after care work more effectively and in full co-operation with the hospital.

Much help is also received from psychiatric hospitals dealing with mentally subnormal patients. There is a great demand for beds but the utmost co-operation is received in obtaining beds for emergency cases. Despite this, some patients have to wait a considerable time for hospital admission.

The hospitals admitting the majority of Wiltshire's subnormal patients are as follows:—

Coldeast Hospital, Sarisbury Green, Southampton.
 Thatchbury Mount Hospital, Totton, Southampton.
 Hortham Hospital, Almondsbury, Bristol.
 Bentry Hospital, Westbury-on-Trym, Bristol (ancillary of Hortham).
 Sandhill Park Hospital, Bishops Lydeard, near Taunton.
 Stoke Park Hospital, Stapleton, Bristol.
 Pewsey Hospital, Pewsey.

The hospitals for subnormal patients have again made beds available during the holiday season for short stays for 19 Wiltshire patients. There is no doubt that these short stay admissions give considerable social relief to families and have undoubtedly prevented some families from applying for full time hospital care for subnormal patients dependent upon them.

(c) *Voluntary Visitors*

Help is still received from eight voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946. They have submitted reports at half yearly intervals on 11 mentally subnormal patients.

(d) *Training of Staff*

A week's course of in-service training was arranged at Urchfont Manor for the staff of training centres. All training centres in the County were closed for a week so that the supervisors and assistants and supervisors could meet. This in itself was stimulating to the staff and we were fortunate in having the help of some excellent lecturers.

The general question of training for mental health staff was the subject of detailed consideration during the year.

Until the recommendations of the Scott Committee are known, it has been decided that encouragement shall be given to members of the staff to attend the National Association for Mental Health's course for training centre staffs.

Thought is still being given to adequate arrangements for the training of mental welfare officers but in the meantime we are continuing with our policy of in-service training courses at Urchfont Manor. Of course, a close watch is kept on courses arranged by other bodies which could be of value to mental welfare officers.

(2) WORK UNDERTAKEN IN THE COMMUNITY

A number of patients are admitted to hospital without needing help from a mental welfare officer and this is, of course, in line with the policy of making admission to psychiatric hospitals correspond as far as possible to admission to general hospitals. There were still many cases, however, where mental welfare officers assisted with the arrangements for admission and the following table gives details of the numbers of patients admitted informally and those dealt with by compulsory powers.

Informal		Section 25		Section 26		Section 29		Section 60		Section 136	
M	F	M	F	M	F	M	F	M	F	M	F
206	311	23	30	5	7	38	52	7	—	1	—

In my last Annual Report I referred to the effects of Ministry of Health Circular 27/59, which indicated to hospital authorities that details of discharges should not be passed to local health authorities without the specific consent of the patient. Unfortunately this position still appears to exist.

The following table shows the number of patients whose admission to hospital was arranged by mental welfare officers, either informally or under compulsory orders, and the number of visits paid in connection with preventive or after care work, compared with the figures for 1959 and 1960

	During Office Hours			After Office Hours			Total		
	1959	1960	1961	1959	1960	1961	1959	1960	1961
Admitted to hospital	597	469	497	180	282	183	777	751	680
Other visits for preventive or after care ...	3,447	5,452	5,893	317	433	269	3,764	5,885	6,162

It is stimulating to note the increase in the number of preventive and after care visits. At first sight an increase of 277 visits for a year does not appear large, but if it is remembered that the figure for 1961 includes visits within the Borough of Swindon for one third of the year only, whereas the figures for 1959 and 1960 included all visits within the Borough, the increase takes on a greater significance.

The majority of the admissions mentioned above and a large proportion of the preventive and after care visits were connected with the mentally ill but a considerable amount of work was undertaken in the field for the mentally subnormal. Arrangements were made for forty patients to be admitted informally to psychiatric hospitals for the subnormal during the year and five were admitted on Orders from the Court. Twelve children were excluded from the educational system under Section 57 of the Education Act, 1944. Excluding the Borough of Swindon there are 773 subnormal patients under supervision.

A considerable amount of supportive work is needed for some of these patients, and much patient effort is entailed in finding suitable employment for those who can work in the community and in keeping them so employed. In this connection much help is received from the Ministry of Labour and National Service. Close contact is also kept with the National Assistance Board who are very helpful in considering financial aid where special circumstances are drawn to their notice by mental welfare officers.

Guardianship

The Mental Health Act, 1959, altered in certain respects the standards which had applied to guardianship under the old Mental Deficiency and Lunacy Acts. The main points which had to be considered were as follows:—

- (1) All patients under guardianship had to be classified within the terms of the definitions of the new Act. In addition to new legal definitions of types of mental disorder, age limits for compulsory retention under guardianship were imposed for cases of subnormality as distinct from severe subnormality, and for psychopaths.
- (2) The Mental Health Act, 1959, laid down that the residence of the guardian (if other than the local health authority) should determine which local health authority supervised.
- (3) Consideration had to be given to all cases under guardianship under the old Acts, to see whether their circumstances still warranted the legal controls of guardianship within the terms of the new Act.

The section of the Mental Health Act, 1959, governing guardianship came into operation on the 1st November, 1960, and included provision for an initial period of six months to allow for full consideration of all existing guardianship cases.

On 1st November, 1960, there were 34 patients under guardianship but as a result of consideration during the initial period of six months, eight guardianship cases were discharged by process of law as not complying with the terms of the new Act relating to the type of mental disorder or age limits and 10 orders were discharged because their circumstances did not warrant the legal control of guardianship as defined by the new Act. The control of guardianship does not confer extra powers to provide services and in most cases it is possible to provide adequate supervision with the joint effort of relatives and mental welfare officers. Guardianship merely provides legal powers of control over such things as the patient's place of residence and his everyday life which may be necessary for a small number of patients to ensure that they are not exploited, or for the protection of the patients or other persons.

Three patients had hospital orders transferred to guardianship orders during the initial period, making a total of 19 patients under guardianship at the end of the initial period on 30th April, 1961.

Between 1st May and 31st December, six patients had hospital orders transferred to guardianship orders, five orders were discharged as the patients no longer required the legal control of guardianship and two orders were discharged by mental health tribunals on appeal by the patients. This made a total of 18 patients under guardianship at the end of the year, including two being supervised by the Swindon Borough Authority under delegated powers.

It is still too early to express a firm opinion as to the advantages or otherwise of the new arrangements for guardianship. However good the supervision which officers of the local health authority can give, the success of guardianship, particularly from the point of view of rehabilitation from hospital to community life, depends to a large extent on the help and control exercised by the person with whom the patient lives, whether or not this person is the guardian.

Training of the Mentally Sub-normal

The main event during the year was the opening of the new Training Centre in Upham Road, Swindon. It had been hoped that the building would be available early in the year, but it was not until the end of October that the Junior Section was handed over to us for occupation. In view of the uncertainty of the date on which the building would become available it had been a difficult problem to equip and staff, but children were admitted to the Junior side by the middle of November. A certain amount of work still had to be undertaken in the Adult side, and a general Supervisor/Instructor appointed, before the adults could be admitted, and this could not be achieved before the end of the year. It was obvious that in a building designed for the purpose, much more could be done for the children. Whereas in the past in cramped and unsuitable accommodation it was difficult with mixed age groups and ability groups to concentrate on training, progressive training can now be undertaken and even by the end of the year improvement could be seen in

the responses of some of the children. It is very stimulating to the staff to feel that they have the means of developing as far as possible the talents possessed by these children. This changed outlook, however, is not without its own problems. It is necessary for provision to be made separately for the child who cannot respond to training, purely from the point of view of social relief.

The Centres at Chippenham, Salisbury, Pewsey and Trowbridge continued to operate during the year. The premises at Chippenham and Trowbridge are very unsatisfactory for the purpose, and the new Centres are badly needed. The numbers on the registers at the end of the year were as follows:—

Chippenham	28	Pewsey	31 (in addition to the 50 children from the Hospital)
Salisbury	41	Trowbridge	45
		Swindon	57

The usual open days and Christmas parties were arranged, and also summer outings. The interest of voluntary organisations in the training centres appears to be increasing. This takes several forms, among which are outings, visits to pantomimes and donations of toys or money to provide amenities for the children outside those provided by the County Council. In one case presents were sent to a training centre from a local school and contact maintained between the pupils at the School and the children at the training centre. In fact, it would appear that this school is, in a sense, adopting the training centre. These outside contacts are most useful. Apart from the pleasure given to the children at the Centre, it is a most effective form of health education as it enables members of the public to understand the special difficulties affecting subnormal persons and also to accept them more readily as members of the general community.

Transport in the rural areas continues to be a problem. The routes have to be kept under constant supervision to keep mileage to a minimum. Difficulties often arise in re-arranging transport to bring new entrants to the centres from isolated villages. The problem is accentuated in the case of young children, where for obvious reasons travelling time must be kept within reasonable bounds.

Home teaching has continued during the year for persons who are unable for various reasons to take advantage of attendance at a training centre. Miss Bannister, the Home Teacher, gives instruction to 28 mentally subnormal persons each week. In addition to instructing in handicraft work which is much enjoyed by the trainees, Miss Bannister includes in her programme speech training, sense training and musical movement. Wherever possible, trainees are brought together in small groups but in many cases it is still necessary for visits to be made to private houses. These visits to the home not only help the mentally handicapped person but are welcomed in most cases by the relatives.

NURSING HOMES AND RESIDENTIAL HOMES FOR MENTALLY DISORDERED PERSONS

Part III of the Mental Health Act, 1959, laid down that the local health authority should be the registering authority for mental nursing homes and residential homes for mentally disordered persons. Two homes were registered as mental nursing homes, for one of which registration was relinquished later in the year.

Tuberculosis

NOTIFICATIONS AND DEATHS

The following table shows the number of formal primary notifications of respiratory and non-respiratory tuberculosis and the number of deaths from respiratory and non-respiratory tuberculosis from 1951 to 1961:—

Year	Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Totals		Population
	Primary Notifications	Deaths	Primary Notifications	Deaths	Primary Notifications	Deaths	
1951	316	68	87	10	403	78	392,400
1952	250	63	65	12	315	75	388,500
1953	329	41	49	10	378	51	390,700
1954	223	35	79	14	302	49	394,800
1955	212	31	38	1	250	32	397,500
1956	176	23	32	3	208	26	402,800
1957	203	36	39	5	242	41	405,300
1958	162	24	41	1	203	25	406,300
1959	113	19	35	2	148	21	412,000
1960	129	14	36	1	165	15	417,970
1961	136	21	32	2	168	23	430,120

NOTIFICATIONS

The 1961 primary notifications of tuberculosis are analysed in the following table:—

	Age Groups													Total
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory Males ...	—	1	1	—	—	4	7	9	14	10	15	3	3	67
Respiratory Females ...	—	1	2	1	2	6	9	17	8	14	3	3	3	69
Non-Respiratory Males ...	2	—	—	1	2	1	1	4	3	—	1	—	—	15
Non-Respiratory Females ...	—	—	—	—	4	1	3	3	2	—	2	1	1	17
TOTALS ...	2	2	3	2	8	12	20	33	27	24	21	7	7	168

There was an increase of 3 primary notifications in 1961 compared with 1960. The relationship of mass radiography yields to the yearly total of primary notifications is not always constant. While the yield from mass radiography activity is generally proportionate to the number of persons mass X-rayed, the total of active cases discovered does not always produce a corresponding rise in the

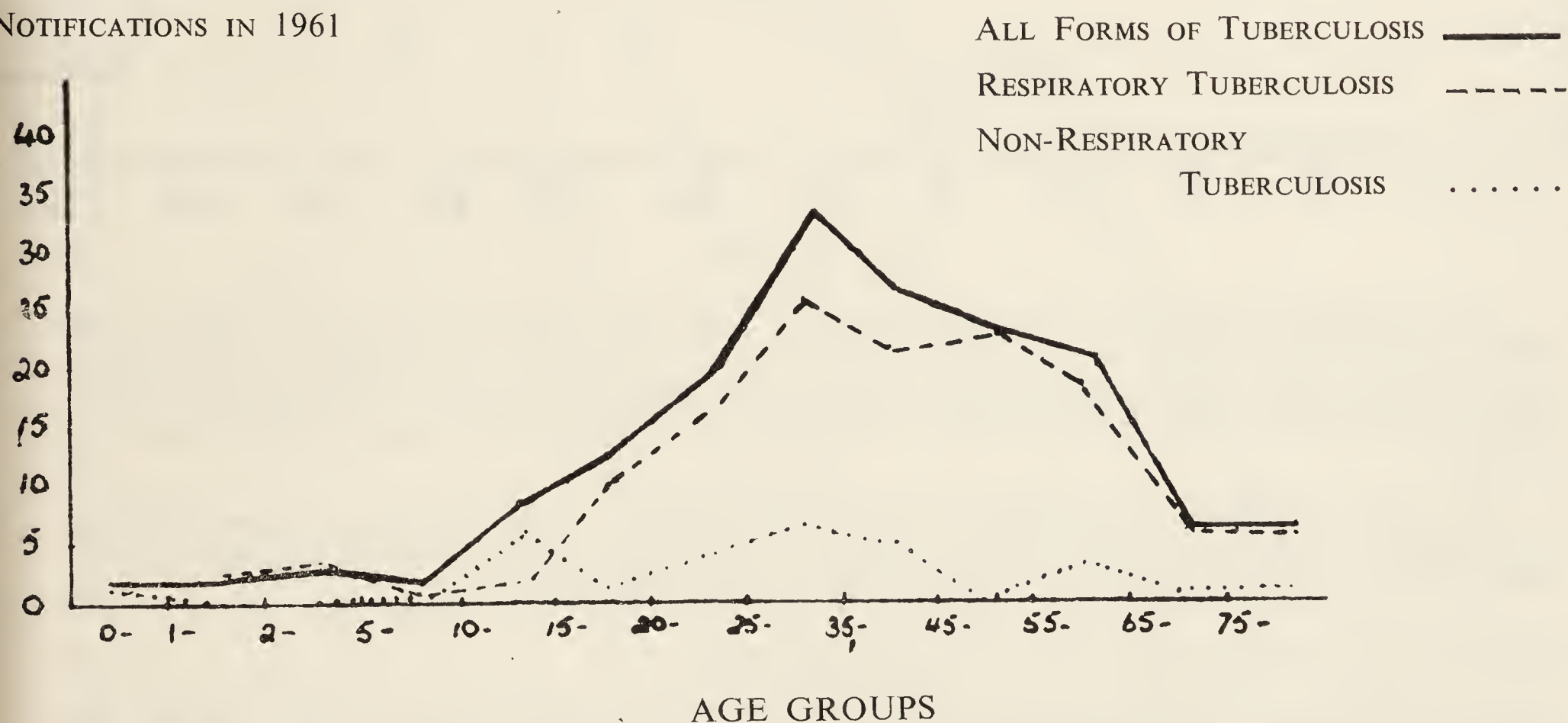
total primary notifications for the year. For instance, in 1957, mass radiography yielded 32 cases, but in the next year when 50 cases were discovered, the total notification dropped by 39 indicating a decline in incidence. In 1959 when 3 cases were discovered by mass radiography, the total notifications for the year dropped by 55 showing a still further decline. In 1960 when mass-radiography yielded 13 cases, there was a rise of 17 in the total notifications for the year, but in 1961, 39 active cases from mass radiography increased the total notifications for the year by only 3, indicating that, apart from mass radiography, there has been a general downward trend in incidence.

In addition to the 168 primary notifications in 1961, 50 other cases of tuberculosis were reported. Forty-three were transfers-in from other counties of persons who had been notified previously, and information of the remaining 7 was not received until after death.

Notifications of tuberculosis by age groups is illustrated in the following graph which shows that the peak for respiratory and non-respiratory tuberculosis was in the 25-35 year age group.

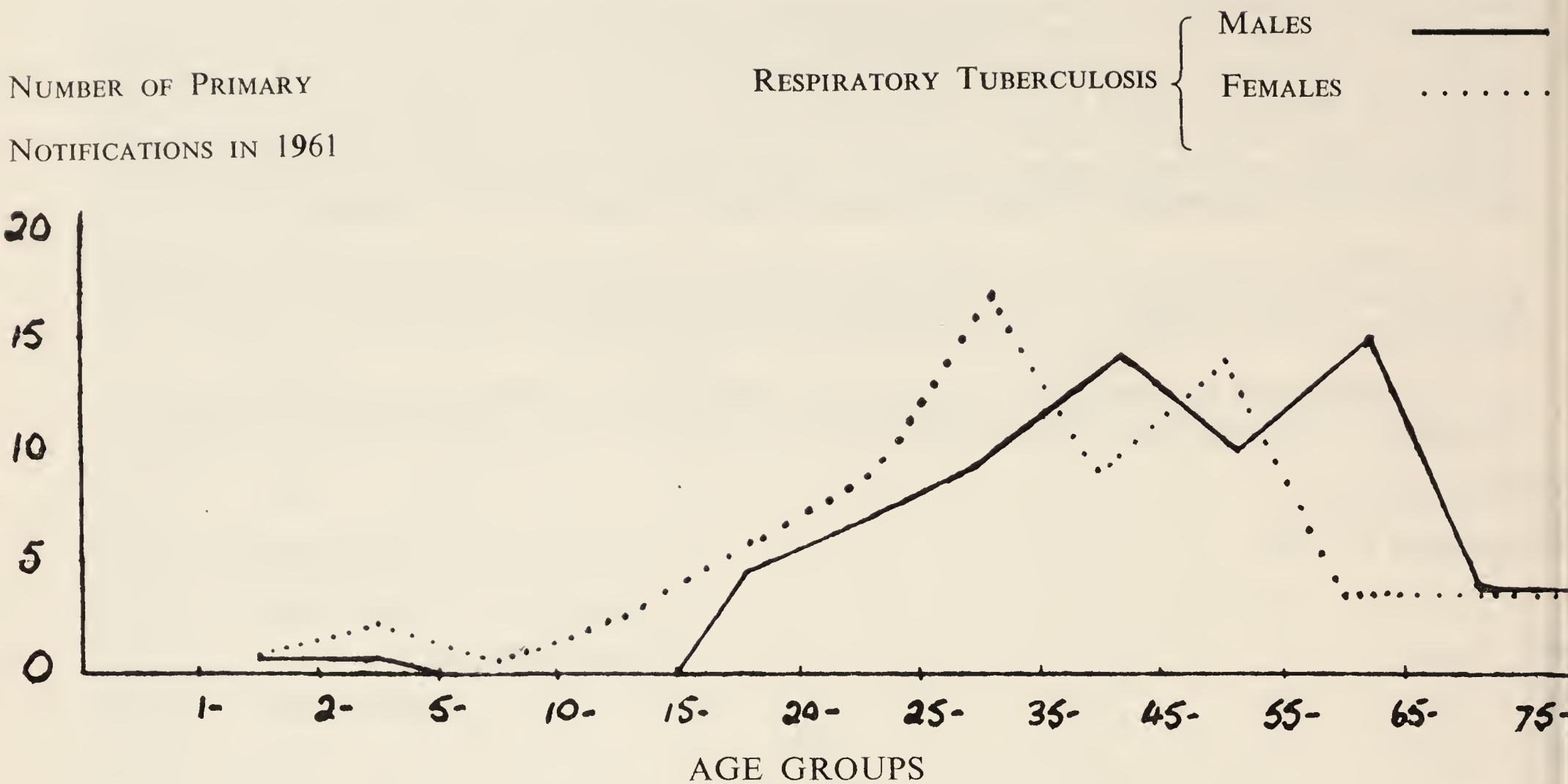
NUMBER OF PRIMARY

NOTIFICATIONS IN 1961



There were 65 primary notifications of respiratory tuberculosis in adult males and 63 in adult females.

In men the peak rate occurred in the 35-65 year age group and in women in the 25-55 year age group.



An interesting finding is the number of cases of respiratory tuberculosis in males over 35. In 1961 there were 45 notifications in respect of males over 35 but only 20 in respect of adult males under 35. This did not occur with females, thirty one notifications being received for those over 35 compared with 32 for adult females under 35. This pattern of distribution is general throughout the country.

The lower incidence among adolescents and young adults is encouraging and shows the long term results of the various social and anti-tuberculous measures such as re-housing, treatment by chemotherapy, intensive follow-up of contacts and B.C.G. vaccination.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1950

An analysis of the notifications of respiratory tuberculosis in adults since 1950 shows that the total was 38% higher in males than females, there being 1,345 primary notifications in males compared with 971 in females.

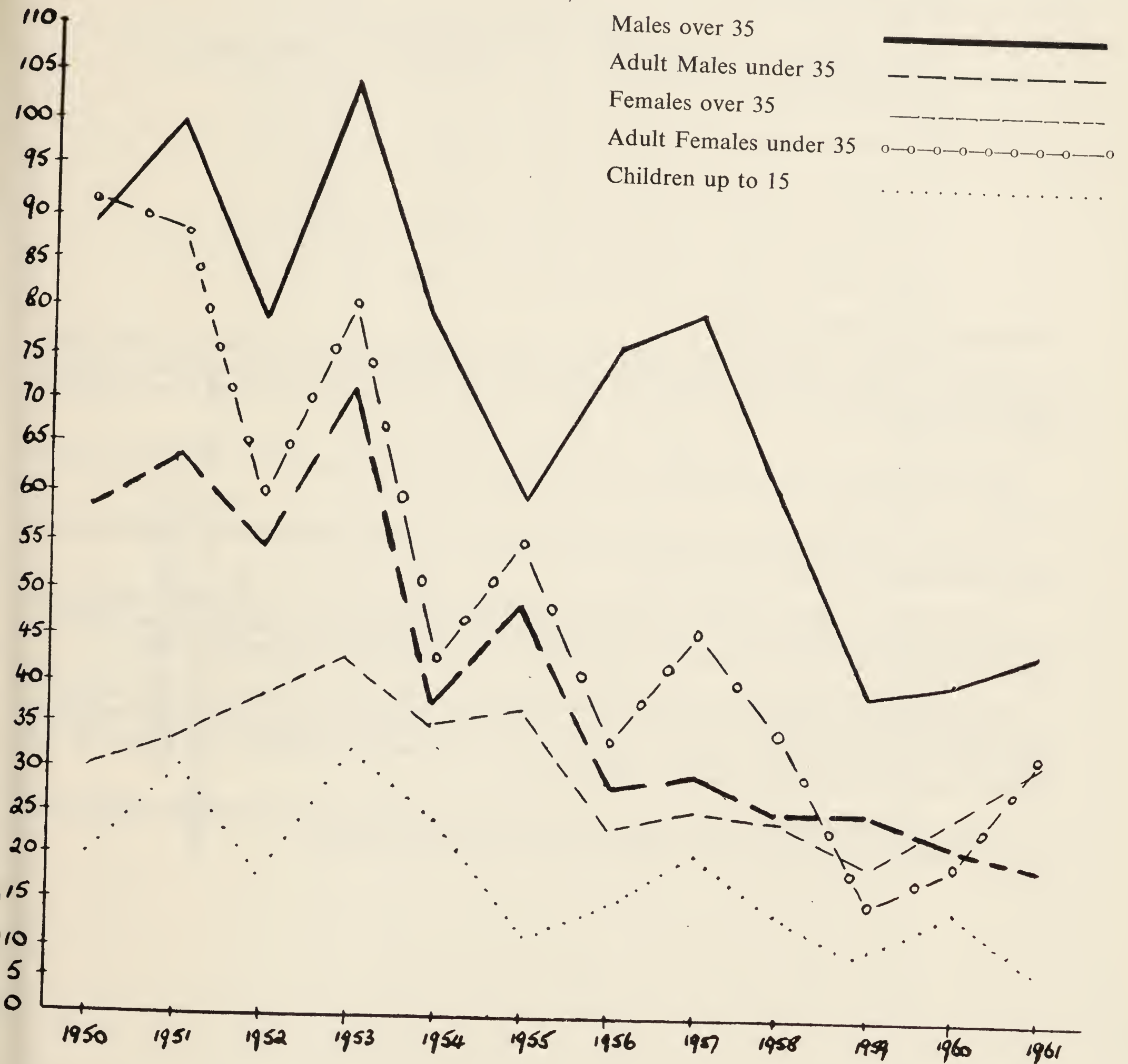
Adult females over 15 but under 35 years of age gave a higher total than females over 35, 601 notifications compared with 370, but males showed the reverse trend, 490 notifications in adult males under 35 compared with 855 in those over 35.

The following graph illustrates the less rapid decline since 1950 of notifications in males over 35 compared with adult males under 35, and the rapid decline in adult females under 35 compared with those over 35.

The gradual decline of notifications in children up to 15 years will be noted.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS SINCE 1950

Number of
Primary
Notifications



DEATHS

There was an increase in the number of deaths from tuberculosis from 15 in 1960 to 23 in 1961. The following table shows the distribution according to age groups.

Age Group	Deaths from—		Total Deaths
	Respiratory Tuberculosis	Non-Respiratory Tuberculosis	
25—44	5	—	5
45—64	8	—	8
65—74	5	1	6
75—	3	1	4
TOTALS ...	21	2	23

NOTIFICATIONS AND DEATH RATES

Notification Rate—Respiratory—There were 7 more notifications of respiratory tuberculosis in 1961 than in 1960, but the increase in the population in 1961 resulted in the notification rate for respiratory tuberculosis remaining at the same level as in the previous year, namely 0.31 per thousand of the population.

Non-Respiratory.—The notification rate for non-respiratory tuberculosis fell slightly from 0.09 in 1960 to 0.08 in 1961.

All Forms.—The notification rate for all forms of tuberculosis fell slightly from 0.40 per thousand of the population in 1960 to 0.39 in 1961.

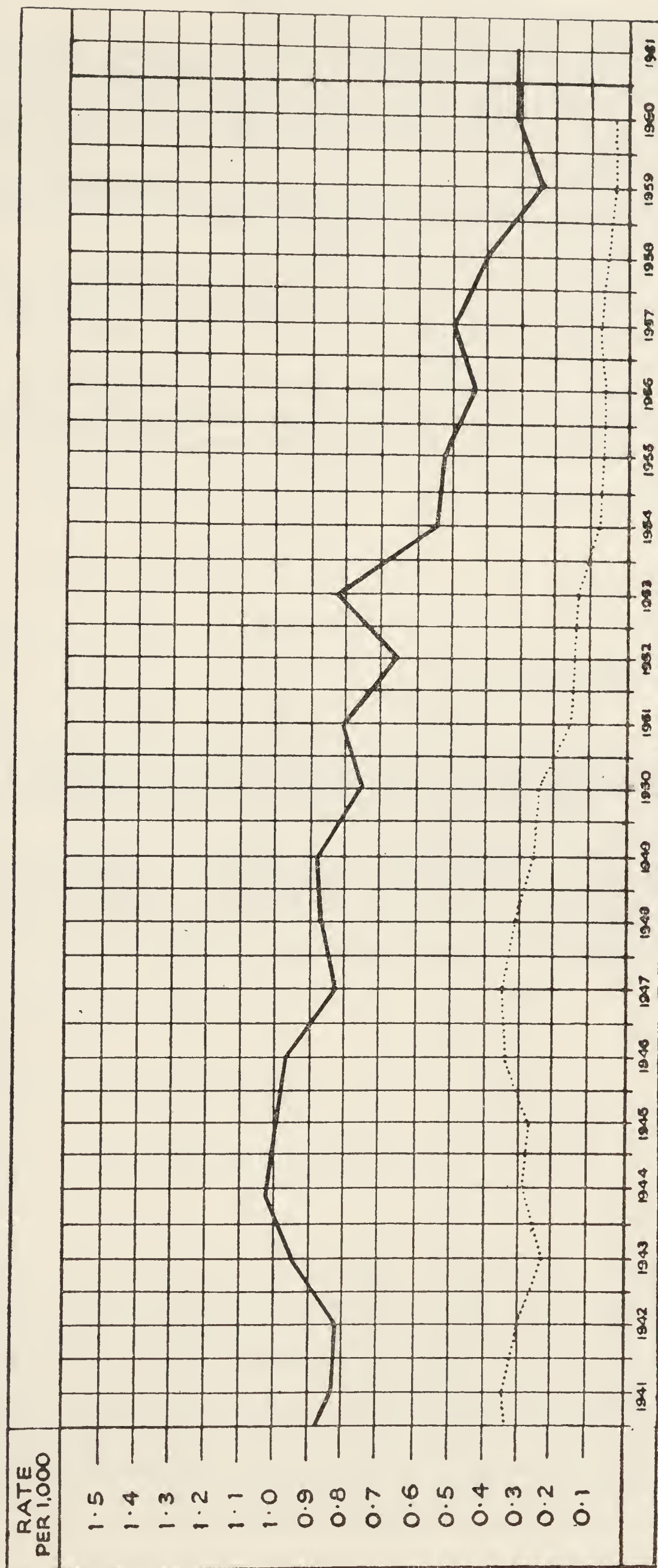
Death Rate.—A slight increase occurred in the death rate for 1961. The corrected death rate for respiratory tuberculosis was 0.049 per thousand of the population, and for non-respiratory 0.0046, making a total of 0.053 for all forms of tuberculosis compared with 0.035 in 1960.

The provisional death rate for all forms of tuberculosis in England and Wales in 1961 was 0.072 per thousand of the population, compared with 0.075 in the previous year, showing that although there was an increase in the Wiltshire death rate for tuberculosis compared with a drop in the national rate, it is still lower than the national rate.

Whilst the general decline in the death rate over the last 10 years can be viewed with satisfaction, it is no longer considered a reliable measure of the extent of the disease.

RESPIRATORY TUBERCULOSIS
NOTIFICATION AND DEATH RATES, 1941 - 1961
WILTSHIRE

— Notification rate per 1,000 population.
 Death rate per 1,000 population.



HEALTH VISITING AND EXAMINATION OF CONTACTS

Routine visits to tuberculous patients continued during the year. The importance of securing attendance of all contacts at the chest clinics led to renewed efforts in this direction. Besides personal persuasion of the health visitor during the home visit, a written invitation is now sent from County Hall to all new contacts and to certain old ones who have lapsed in their annual follow up examination, emphasising the need in their own interests to attend for examination.

In addition, the follow up of contacts who live in other counties but who have had contact with a case of tuberculosis in Wiltshire is covered by sending their name and address to the appropriate chest physician for the area in which they live.

The total number of new contacts examined during the year was 1,055 giving an average of 6.2 contacts examined for every primary notification received. These figures are the highest on record, the previous highest total being in 1956 when 907 new contacts were examined with an average of 4.4 per primary notification received.

It will be seen in the following table that 20 cases of tuberculosis were discovered among new contacts during the year giving a rate of approximately 20 per thousand examined which, compared with the notification rate for the general population, namely 0.40 per thousand, is 50 times greater.

	M.	W.	C.	Total	Percentage
Diagnosed as Tuberculous	6	6	8	20	2.0
Non-Tuberculous	136	165	584	885	83.8
Investigation not completed by 31.12.61 ...	35	57	58	150	14.2
TOTALS ...	177	228	650	1,055	100.0

The following table is given at the request of the Ministry of Health.

Year	Primary Notifications (Resp. and Non-Resp. Tuberculosis)	Contacts examined for first time in the year	New Contacts examined per notified case	New Contacts diagnosed as suffering from Tuberculosis (included in figures under Col. 2)	Percentage of new Contacts examined found to be tuberculous
1949	426	547	1.3	19	3.5
1950	356	635	1.8	43	6.8
1951	403	735	1.8	39	5.3
1952	315	781	2.5	31	4.0
1953	378	776	2.0	34	4.4
1954	307	726	2.4	19	2.6
1955	250	815	3.2	16	2.0
1956	208	907	4.4	26	2.9
1957	242	884	3.6	12	1.4
1958	203	856	4.2	11	1.3
1959	148	901	6.1	19	2.1
1960	165	740	4.5	15	2.0
1961	168	1,055	6.2	20	2.0

In addition to the discovery of tuberculosis in 20 new contacts seen for the first time in 1961, seven other contacts who had been under supervision from previous years were also found to have tuberculosis. One had been under supervision for 14 years, 2 for 7 years, 2 for 3 years and 2 for one year, confirming the value of following up contacts for many years.

Year	Contacts found to be tuberculous in first year of supervision	Contacts found to be tuberculous although under supervision in many previous years (in some cases, 10 years or more)	Total of new and old contacts found to be tuberculous
1953	34	22	56
1954	19	17	36
1955	16	15	31
1956	26	23	49
1957	12	16	28
1958	11	14	25
1959	19	9	28
1960	15	8	23
1961	20	7	27

HOUSING

Satisfactory housing accommodation is essential in the treatment and prevention of tuberculosis and in Wiltshire the district councils on the recommendation of the district medical officers of health have given constant valuable assistance in granting some priority to tuberculous patients whose applications are supported by a certificate from the chest physician according to the severity of their disease. During the year certificates were issued on behalf of 31 patients. Thirty six were rehoused during the year but some of these, of course, had been waiting from previous years. It will be seen from the following summary of the position since 1949 that 32 applicants were waiting at the end of the year for rehousing, and an analysis of these applications shows that 13 have been waiting for one year, 8 for 2 years, 5 for 3 years, 2 for 4 years, 3 for 5 years and one for 6 years.

Certificates issued since 1949	...	...	...	764
Number of applications withdrawn	...	...	...	204
Number of patients requiring rehousing	...	...	...	560
Number rehoused	...	...	...	528 (94 %)
Number remaining to be rehoused at end of 1961	...	...	...	32 (6 %)

DIVERSIONAL THERAPY

On the recommendation of the chest physician, supplies of handicraft materials to selected tuberculous patients for use in their homes continued throughout the year under the supervision of the British Red Cross Society who organise the scheme on behalf of the County Council. The scheme was originally designed in 1949 with the primary object of providing occupation for tuberculous patients during the time they were confined to bed or resting at home pending admission to sanatorium for treatment. There were then long waiting lists and the waiting time varied from a few weeks to many months. Owing to the reduction in the waiting lists fewer patients now participate in the scheme, but it does provide interesting occupation for the chronic type of patient. Since its inception in 1949, 203 patients have received help under the scheme and at the end of the year there were 21 participating.

GENERAL CARE AND AFTER-CARE WORK

Twelve patients received free supplies of milk during the year. Patients who give up work in order to have treatment for tuberculosis are able to apply to the National Assistance Board for financial assistance at special rates subject to the usual enquiries regarding their circumstances and to the receipt of a certificate from the chest physician that the patient has given up work to undergo treatment.

PROTECTION OF CHILDREN FROM TUBERCULOSIS

Ministry of Health Circular 64/50 advises that candidates for employment which involves close contact with groups of children should not be engaged without a medical examination including an x-ray of the chest. In Wiltshire this recommendation is now a requirement in the case of health visitors, district nurses/midwives, staff at children's homes and day nurseries, entrants to the teaching profession and a few other posts. In 1961, 95 persons who applied for such posts with the County Council were required to submit a report on an x-ray of the chest prior to confirmation of appointment, but no candidate was rejected owing to an unsatisfactory chest x-ray report. Annual follow-up x-rays for such staff are offered according to the availability of the Mass Radiography Service. In cases where there is a history of tuberculosis or other chest illness, the opinion of the chest physician is sought and a report on the chest x-ray obtained where necessary.

CO-OPERATION WITH CHILDREN'S OFFICER

Under the County Council's adoption and boarding out scheme every care is taken to prevent children from being placed in homes of persons who may be suffering from tuberculosis. Names and addresses of prospective foster parents are referred to the chest physician and if they are known to be suffering from tuberculosis appropriate advice is given to the Children's Officer.

During the year help from the Children's Officer was sought in respect of a mother who was unable to make arrangements for the care of her children while she was admitted to sanatorium for treatment, and this help is very valuable.

TUBERCULOSIS IN SCHOOLS

Ten school children were found to be suffering from tuberculosis during the year, four from respiratory tuberculosis and 6 non-respiratory.

One of the respiratory cases was found to have positive sputum and was admitted to hospital for treatment. Arrangements were made for the investigation of her contacts at school by tuberculin testing and chest x-ray of the children and chest x-ray of all the staff. No case of tuberculosis was discovered.

The chest physician was called in for consultation on a school teacher who had been admitted to hospital, and found her to be suffering from respiratory tuberculosis. She was transferred to a chest hospital for treatment and investigation of all her contacts at school was undertaken. No case of tuberculosis was found.

At a private school one of the domestic staff was diagnosed by the chest physician as suffering from infectious tuberculosis and in this case also all the school contacts were investigated by tuberculin skin testing and chest x-ray. No evidence of tuberculosis was found.

The system of referring to the chest clinics all strong reactors to the routine tuberculin testing school continued throughout the year. One hundred and fifty two were examined in this way during the year and brought to light one case of tuberculosis of the cervical glands.

At one of the secondary modern schools in the county, the percentage of positive reactors was 36%, about 13% higher than the average for the county. The records showed that nearly half the positive reactors had been positive previously in 1954. At that time an outbreak of tuberculosis adenitis occurred in the Marlborough area resulting in at least 15 cases and infection was traced to tuberculosis in milk. The high rate of reactors at this particular school in 1961 was attributed to the previous infection.

SPECIAL CASE FINDING

Following receipt of information regarding tubercle bacilli being found in a sample of milk, young members of families who had taken raw milk from the farm concerned were invited to attend the chest clinic for examination. Two are being kept under observation, and one other child was admitted to hospital with suspected tuberculous meningitis, but the diagnosis was finally established as tuberculous cervical glands.

Clinical evidence of tuberculosis was also found in a number of cows from another area and the only person known to have taken raw milk from this farm was invited to the chest clinic. Her tuberculin test was positive but no evidence of tuberculosis was found.

An intensive mass radiography campaign was organised at Swindon and is reported upon separately on page 62.

Apart from routine visits of the mass radiography units to other parts of the county and summarised separately, no other special case finding survey was undertaken.

EMPLOYMENT OF TUBERCULOUS PATIENTS

When tuberculous patients are certified as fit for work, in the main they continue to find suitable employment and as long as the present demand for labour continues there is no likelihood of much difficulty in this direction. Liaison is maintained between the chest physicians and re-settlement officers of the Ministry of Labour regarding patients' fitness and suitability for different types of work and, with the patients' consent, the chest physician submits reports to the various employers regarding patient's fitness to return to work.

REHABILITATION

Patients who are unable to return to their former occupation and cannot find fresh employment can be sent to the various centres for occupational training. The majority in this group require occupational training only and courses at Industrial Units are arranged by the Ministry of Labour. Occasionally there are some who require training combined with continued medical supervision which can be provided at such centres as Enham Alamein in Hampshire, but there were no Wiltshire cases needing this form of help during the year.

B.C.G. VACCINATION

Protection from tuberculosis by B.C.G. vaccination is offered to contacts of tuberculosis and hospital staff and the following table shows the number vaccinated during the year and the total vaccinated since the commencement of the scheme. (B.C.G. Vaccination in respect of school children is reported separately on page 31).

	1961		From Commencement of Scheme to 31.12.61	
	Number Vaccinated	Number who refused	Number Vaccinated	Number who refused
(a) Contacts	616	12	4,013	177
(b) Hospital Staff	101	—	1,140	57
TOTALS	717	12	5,153	234

FOLLOW-UP AFTER B.C.G. VACCINATION

(a) *Contacts*.—In 1961, it was decided that apart from the immediate post vaccination test, which is now given 8 weeks after vaccination following the introduction of the use of freeze dried vaccine, to ensure that the patient has converted from a negative to a positive reaction and that the vaccination has therefore been successful, that the only other subsequent skin test should be given in the 5th year to confirm that immunity has been maintained. In 1961, 16 contacts were re-vaccinated.

(b) *Hospital Staff*.—Apart from the immediate post vaccination tests 8 weeks after vaccination no subsequent test is given.

MASS RADIOGRAPHY

It is most important that tuberculosis be detected as early as possible, primarily in the interests of the patient concerned so as to facilitate treatment and more rapid cure as well as preventing the spread of infection to others. The aim of mass radiography is to discover concealed tuberculosis in apparently tuberculosis free persons, and it is therefore encouraging to report that more work was undertaken in Wiltshire by the Mass Radiography Units during 1961. A total of 67,060 persons were mass x-rayed compared with 24,380 in 1960 with a yield of 39 cases of active respiratory tuberculosis, compared with 13 in 1960.

The following table shows the areas visited and numbers examined during 1961.

Area	Persons previously X-rayed	Persons X-rayed for first time	Total	Referred to chest physician
Bradford and Melksham Rural District	3,832	1,078	4,910	22
Chippenham	5,736	1,195	6,931	5
Corsham	43	28	71	—
Cricklade and Wootton Bassett Rural District ..	1,008	906	1,914	6
East Wilts Rural Districts	2,361	1,767	4,128	33
Highworth Rural District	4,767	2,050	6,817	21
Malmesbury	18	110	128	1
Salisbury	607	400	1,007	—
Swindon	24,312	13,925	38,237	320
Trowbridge	381	142	523	6
Warminster and Westbury Rural District	1,271	640	1,911	9
Wilton	135	39	174	2
Yatesbury	41	268	309	—
TOTALS	44,512	22,548	67,060	425

A total of 425 cases were referred to the chest clinics for further investigation and the following is an analysis of the conditions found:—

Active Respiratory Tuberculosis	39
Active Non-Respiratory Tuberculosis	1
Inactive Respiratory Tuberculosis	198
Carcinoma of Bronchus	9
Other non-tuberculous chest conditions	126
Found to be well	31
Observation	10
Failed to attend	11
Total	425

It will be noted that the foregoing figures included the intensive survey at Swindon upon which a separate detailed report is given owing to its special features. The total yield of 39 cases of active tuberculosis from mass radiography activity throughout the county in 1961 gives a discovery rate of 0.58 per thousand mass x-rayed compared with 0.53 in 1960.

TOTAL COMMUNITY SURVEY AT SWINDON

With the co-operation of the Swindon Borough Council a total community mass radiography campaign was organised by the Reading Mass Radiography Service at Swindon during the year. Units operated at 12 industrial sites, at 7 general public sites and at 5 special sites.

Of an estimated population of 89,000 persons, including those coming into the town to work, of whom about four-fifths were regarded as adults, namely 71,000 persons, 38,237 attended for chest x-ray examination representing 53.85% of the adult population.

The total attendances were not as high as had been expected but the analysis of the 320 cases referred to the chest clinic shows that 37 cases of previously undetected active tuberculosis were brought to light. This represents a discovery rate of 0.97 per thousand mass x-rayed as compared with 3.37 per thousand examined in 1949 and 1.0 per thousand in 1958. The decline in the discovery rate of notifiable cases is encouraging.

Analysis of the 320 referred to the Swindon Chest Clinic is as follows:—

Active Respiratory Tuberculosis	...	...	37
Active Non-Respiratory Tuberculosis	...	...	1
Inactive Respiratory Tuberculosis	...	...	162
Carcinoma of Bronchus	...	...	7
Other non-tuberculous conditions	...	...	83
Found to be well	...	...	13
Diagnosis not yet determined	...	...	6
Failed to attend	...	...	11
			<hr/> 320 <hr/>

Mobile Odelca Camera Units.—This form of chest x-ray service provided mainly for patients especially selected by general medical practitioners continued to be provided at Salisbury, Highworth, Wootton Bassett and Ludgershall. During the year 2,416 patients were x-rayed by this method, of whom 73 were subsequently referred to the chest physician. Active tuberculosis was confirmed in 2 cases giving a discovery rate of 0.83 per thousand x-rayed and 6 cases of carcinoma of the bronchus were diagnosed.

CASES OF TUBERCULOSIS REMAINING ON CLINIC REGISTERS

A very slight decline occurred in the number of cases remaining on the clinic registers at the end of the year. Although the total still remains higher than it was 10 years ago, the decline may be expected to continue but it will be gradual and extend over many years.

Year	Tuberculous cases remaining on Clinic Register			Number of patients sputum positive during the last six months of the year	Visits made by health visitors
	Respiratory	Non-Respiratory	Total		
1951	1,494	418	1,912	128	2,000
1952	1,481	320	1,801	98	1,350
1953	1,618	297	1,915	101	1,214
1954	1,687	302	1,989	88	1,270
1955	1,755	283	2,038	76	1,713
1956	1,882	280	2,162	57	1,738
1957	1,951	288	2,239	64	2,488
				Number of patients who remained sputum positive despite chemotherapy	
1958	2,020	277	2,297		2,187
1959	1,864	286	2,150		2,038
1960	1,800	299	2,099		2,554
1961	1,791	299	2,090		2,645

VISITING

The chest physicians are available for visits to patients at their homes and in hospitals at the request of other consultants and general practitioners for advice in cases of suspected tuberculosis and other chest diseases, including carcinoma of the lung, and many visits were undertaken during the year.

CHEST CLINIC ATTENDANCES

Attendances at the six chest clinics during the year were as follows:—

Clinic	Men	Women	Children	Total
Swindon	3,770	2,987	1,628	8,385
Salisbury	2,315	1,977	1,488	5,780
Trowbridge	1,013	743	489	2,245
Chippenham	796	615	501	1,912
Devizes	199	222	105	526
Savernake	139	140	55	334
TOTALS	8,232	6,684	4,266	19,182

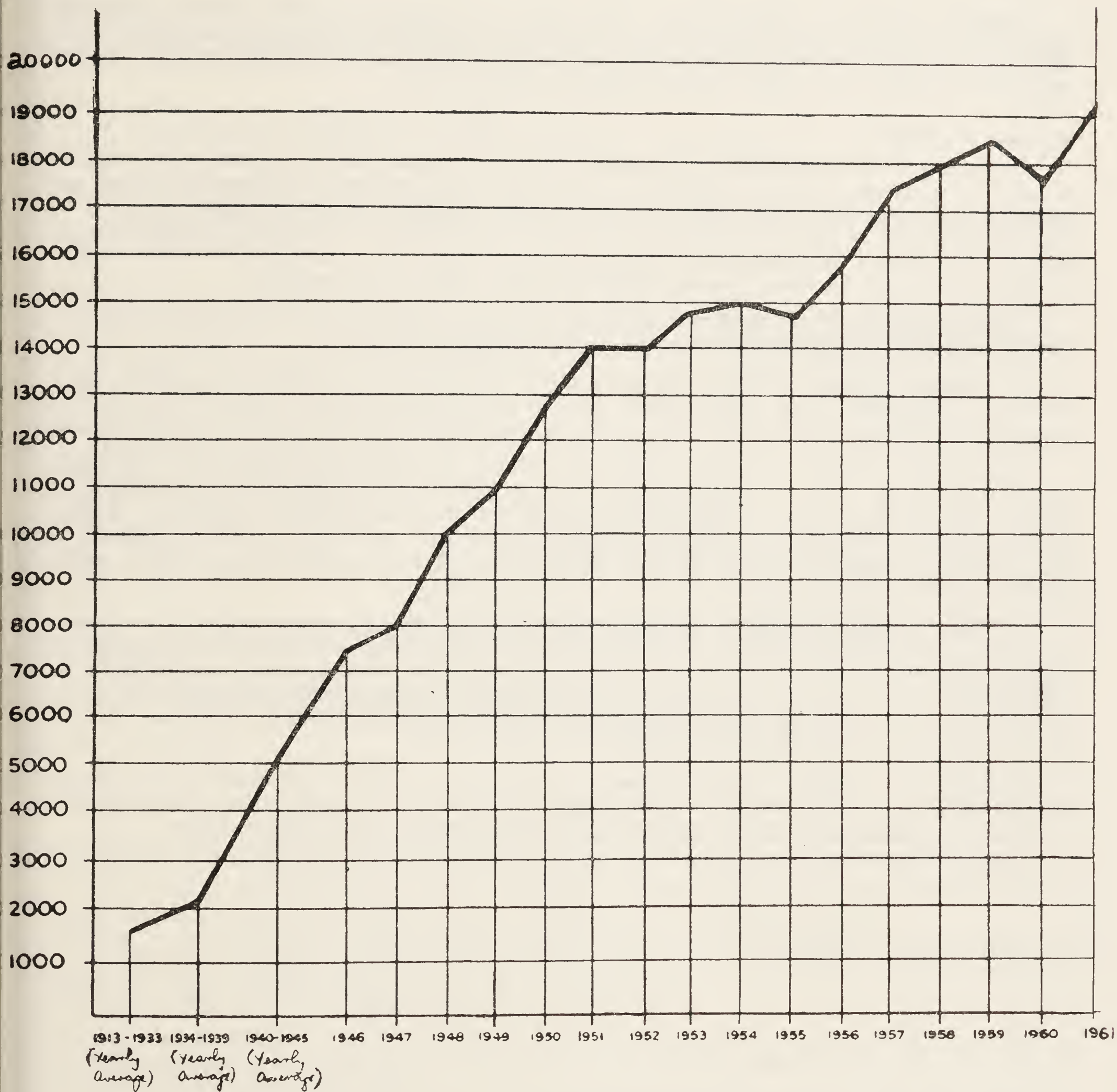
Total attendances increased from 17,507 in 1960 to 19,182 in 1961, a higher total than for any previous year.

Tuberculosis is a chronic relapsing disease and necessitates prolonged follow up of all who have suffered from it in order to minimize the risk to themselves and public health. The continuous pressure of clinic work is accounted for in the main by the treatment of active and inactive cases of tuberculosis under out-patient supervision, increased follow-up of contacts, supervision of old cases of tuberculosis remaining on registers, examination and follow-up of referrals from the mass radiography units, B.C.G. vaccination and non-tuberculous chest conditions including carcinoma of the lung.

The value, appreciation and extensive use of facilities provided by the chest clinics over the years is reflected in the steep rise in the attendances illustrated in the following graph.

WILTSHIRE CHEST CLINICS.

Number
of
Attendances.



HOSPITAL TREATMENT

On the 1st January, 1961, there were 86 Wiltshire patients occupying beds for tuberculosis and other chest illnesses, principally in the three main centres for hospital treatment of chest cases, namely Harnwood Hospital, Salisbury, Winsley Chest Hospital, and Swindon Isolation Hospital. During the year 265 were admitted, 241 discharged and 31 died, leaving 79 in hospital on the last day of the year. Of the 79 in hospital at the end of the year, 65 were tuberculous and the remaining 14 suffered from other chest illnesses.

Surgical treatment of tuberculosis is dealt with at Southampton Chest Hospital; Frenchay Hospital, Bristol, and Peppard Chest Hospital, Henley-on-Thames, and a very good liaison exists with the thoracic surgeons at these centres for surgical treatment of Wiltshire patients. Fifteen tuberculosis patients were sent to these hospitals during the year.

GENERAL COMMENT

In the last 10 years covering approximately the first decade since the advent of the modern drugs which have done more to accelerate the decline in the incidence of tuberculosis than any other form of treatment in the history of the disease, primary notifications have decreased by approximately 50%, from 315 in 1952 to 168 in 1961, which is most encouraging. Twenty seven of the new cases in 1961 were bacteriologically positive and constituted a danger to the public health; tuberculosis remains a serious disease and an important public health problem.

Assuming that a further proportionate decline may be expected in the next 10 years, primary notifications in Wiltshire may then be in the region of 75-80 per annum.

The higher incidence of respiratory tuberculosis in males over 35 years of age causes much illness in a responsible wage earning group, with its consequent domestic upheaval and hardship over prolonged periods. The problem here is how to reveal the disease in its earlier undetected stage.

Expectancy of life for tuberculous persons is greater now than in the past, and a difficulty which may increase is that of rehabilitating two types of homeless patients—those of employable age who have fairly advanced disease, but are unfit for work, and the elderly chronic. Welfare Homes are not suitable for such patients, neither are lodgings, which in any case are difficult to find and usually beyond the means of such patients. The only solution may be to provide a hostel if future numbers warrant this.

Extensive changes in hospital planning, including chest hospitals are envisaged in the future. As far as tuberculosis and other chest diseases are concerned the general theme is to transfer the treatment of such cases from the present small units specially set aside for chest cases to the larger hospitals and the proposed new district general hospitals. The chest hospitals chiefly affected in Wiltshire will be Winsley and Swindon Isolation Hospitals which are likely to be closed, but it is too early to predict when this will take place.

References to tuberculosis being finished are premature and false. Final eradication, although now a realistic aim, will be neither easy nor speedy but will depend on perseverance and pursuance of all known methods of diagnosis, treatment and prevention for many years to come.

Miscellaneous Services

*CHRONIC SICK BEDS

During the year the Salisbury Group Hospital Management Committee referred 113 cases for investigation. In 46 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

*REGISTRATION OF NURSING HOMES

During 1961 one new nursing home was registered. At the end of the year there were on the register eight homes in use, providing 4 maternity and 91 other beds.

*NURSERIES AND CHILD MINDERS ACT, 1948

Two nurseries are registered at present under this Act, providing for a total of 38 children. Twelve daily minders are registered, taking a maximum of 80 children in all.

*REGISTRATION OF NURSING CO-OPERATIONS

The registration of one co-operation was renewed, although since the end of the year this bureau has been closed.

REGISTRATION OF BLIND AND PARTIALLY SIGHTED PERSONS

The register of blind and partially sighted persons is maintained by the Welfare Department, but, where necessary, arrangements for examinations by ophthalmologists continue to be made by the Health Department, to which reports in all cases are submitted. During the year reports were obtained on 117 persons. Eighty-eight were newly certified as blind and 29 as partially sighted.

EXAMINATION OF MEDICAL REPORTS:—

The following table shows the number of medical examination reports scrutinised during 1961 (1960 figures are shown in brackets).

Number of medical examinations for entrants to the County Service	...	...	379	(345)
„ „ „ „ „ „ „ „ Fire Service	...	...	35	(33)
„ „ „ „ „ „ „ „ permanent posts in the school meals service	...	...	123	(76)
„ „ „ „ „ „ „ „ temporary posts in the school meals service	...	...	33	(26)
„ „ „ „ „ „ „ „ superannuable posts in the school meals service	...	...	2	(2)
„ „ „ „ „ „ „ „ fitness to return to duty in school meals service	...	...	21	(27)
„ „ „ „ „ „ „ „ cases dealt with in connection with prolonged illness and breakdown	...	...	26	(28)
pensions	.....	.....	32	(34)
„ „ „ „ „ „ „ „ cases dealt with regarding fitness to drive	...	...	26	(29)
„ „ „ „ „ „ „ „ medical examinations carried out for other counties	...	...	8	(14)
„ „ „ „ „ „ „ „ carried out for West Wilts Water Board	...	...
Total	...	...	685	(614)

Again there has been an increase in the number of reports and where necessary any points of doubt have been followed up with the doctor concerned and specialist examinations arranged.

As the West Wilts Water Board had not appointed a medical officer, the County Medical Officer continued to scrutinize the medical reports of entrants to the Board's service.

Although the number of applications for driving licences requiring such investigation has decreased slightly, detailed enquiries have had to be made from the applicants doctors, and again where necessary, specialist examinations have been arranged.

ADOPTION ACT, 1958

The County Medical Officer has continued to give medical opinions on confidential medical reports received under this Act.

[*Statistics in these sections exclude the Borough of Swindon. Statistics will be found in the Borough Medical Officer of Health's Report.]

Sanitary Circumstances of the County

WATER SUPPLY

THE average rainfall over Wiltshire during 1961 was 28.21 inches as against 41.92 inches during 1960.

I am indebted to the Air Ministry Meteorological Office for the following monthly figures which were recorded at seven rainfall stations in the County:

Monthly Rainfall over Wiltshire during 1961

	Altitude	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year
Swindon ...	476ft.	3.35	2.31	0.15	3.53	1.12	1.49	1.86	1.65	2.46	3.08	1.12	4.11	26.23
Malmesbury ..	260ft.	3.90	2.50	.14	4.56	1.13	(1.40)	1.81	2.01	2.65	3.24	1.42	4.26	29.02
Aldbourne ...	435ft.	3.33	2.90	.16	3.94	1.16	1.09	1.72	2.12	3.09	3.26	1.49	4.00	28.26
Trowbridge ...	131ft.	4.05	2.10	.17	3.46	1.02	.83	1.48	2.28	2.17	2.95	1.48	3.01	25.00
Salisbury ...	147ft.	4.41	2.99	.03	4.67	1.02	.88	1.16	2.06	2.52	3.85	1.72	3.09	28.40
Mere ...	420ft.	4.73	3.41	.24	4.75	1.19	.94	1.67	3.03	2.78	4.21	1.83	3.69	32.47
Upavon ...	450ft.	3.69	2.90	.11	3.96	1.20	1.03	1.31	2.26	3.33	3.19	1.25	3.91	28.14

The only serious water shortage in the County occurred in the Borough of Chippenham where the yield of the boreholes dropped to a dangerous level towards the end of the year, and it almost became necessary to supplement the supply with water from the River Avon and temporary purification plant was even installed ready for such an emergency. Fortunately, however, this was not necessary as the restriction of consumer supplies in the Borough and also in the neighbouring rural districts receiving bulk supplies from the Borough proved sufficient.

Further steps were taken during the year in regrouping the water undertakings in the County.

In the north west the Ministry approved a draft order for the formation of the North West Wilts Water Board embracing the Boroughs of Chippenham, Calne, Malmesbury and Devizes, and the Rural Districts of Malmesbury, Calne and Chippenham, Devizes and part of Bradford and Melksham.

In the north east the Ministry, following delay in regrouping, brought matters to a head by drafting a Swindon Water Order to extend the Swindon Borough limits of water supply to include Marlborough Borough and the Rural Districts of Marlborough and Ramsbury, Highworth and Cricklade and Wootton Bassett. The terms of the Swindon Water Order were accepted by these Authorities and it is anticipated that the Order will come into operation on the 1st April, 1962. The decision of the Minister to regroup these water undertakings by extending the Swindon Borough limits of supply is a little different from the suggestion of the County Council in 1958 that regrouping should be effected by the formation of a new water board independent of the Swindon Borough Council. Technically speaking, however, the result is similar, in that the undertakings of Marlborough Borough, and the three rural districts will be amalgamated and utilised to the best advantage. Each of the four district councils concerned will have two co-opted representatives on the Swindon Water Committee and a full time Water Engineer has been appointed by the Borough Council to manage the regrouped water undertakings.

In the remaining south east area of the County no further progress has been made in grouping the undertakings of the Boroughs of Salisbury, Wilton, and the Rural Districts of Amesbury, Pewsey, and Salisbury and Wilton into a water board.

During the year 21 rural water supply schemes were submitted for the observation of the County Council under the Water Supplies and Sewerage Act, 1944. These were mainly minor extensions of existing supplies except a large scheme by the West Wilts Water Board valued at £1.7 million to be implemented over the next ten years in stages, the first of which is designed to convey water from the Mere source to supplement the Upton Scudamore source, now insufficient to supply the increased demands of the industrial users of Trowbridge and Melksham. This trunk main from Mere to Upton Scudamore will also afford a piped supply to the Deverill Valley villages en route, and replace the polluted Shearwater supply to Warminster Urban District.

The post war regional water schemes in the majority of Wiltshire rural districts have now been implemented and house connections are progressing steadily. Table I shows the percentage of houses and population with piped supplies at the end of 1961.

TABLE I

Rural District	With Public Piped Water Supply		With Private Piped Water Supply	
	Houses %	Population %	Houses %	Population %
Amesbury	82.95	82.97	10.96	11.14
Bradford & Melksham	92.7	93.6	—	—
Calne and Chippenham	95.0	95.4	—	—
Cricklade and Wootton Bassett	96.4	96.4	1.4	1.4
Devizes	85.0	85.0	10.0	10.0
Highworth	96.58	96.54	2.817	2.854
Malmesbury	93.06	93.43	5.82	5.32
Marlborough and Ramsbury	65.79	65.79	32.83	32.83
Mere and Tisbury	78.0	80.0	9.0	8.0
Pewsey	72.6	72.60	21.6	21.60
Salisbury and Wilton	68.33	71.05	12.0	13.6
Warminster and Westbury	89.3	89.2	10.7	10.8

SEWERAGE

During the year sixteen sewerage schemes were submitted by district councils under the Water Supplies and Sewerage Acts, 1944-1961. Ten schemes were in progress and five were completed as shown in Table II.

TABLE II

District	Sewerage Scheme	Estimated Cost in £		
		Approved during year	In progress during year	Completed during year
Amesbury	Shrewton			118,840
	Figcheldean and Milston		34,130	
Bradford and Melksham	Broughton Gifford	35,760		
	Melksham Without (Spa Road)	5,500		
Calne and Chippenham ...	Box		86,960	
	Mile Elm (Calne Without)	2,400		
	N. Eastern Sewerage Scheme	207,750		
	Derry Hill		39,600	
Cricklade and Wootton Bassett ...	Purton (extension of disposal works)	20,600		
Devizes	Bromham			64,900
	Cheverill		35,940	
	West Lavington		46,550	
Highworth	Wroughton	63,780		
	Highworth (Grove Hill)	6,790		
Mere and Tisbury ...	Mere	134,650		
Malmesbury Borough ...			53,100	
Malmesbury Rural ...	Hullavington			37,500
Marlborough and Ramsbury ...	Shalbourne, Chilton Foliat	162,178		
	Froxfield, Baydon, East Grafton			
	Great Bedwyn		77,000	
Pewsey	North Tidworth extension	4,330		
	Avon Valley Villages		203,730	
	Burbage, Easton and Milton		96,700	
	Compton Village	4,780		
Salisbury and Wilton ..	Wishford and South Newton	93,000		
	Redlynch	94,000		
	Whiteparish	87,000		
	Alderbury	152,600		
	Fovant			92,936
	Barford St. Martin		77,000	
	Downton			223,400
Warminster and Westbury	Dilton Marsh	64,000		
	TOTALS	1,139,118	750,710	537,576

At the end of 1961, sixty-one of the 264 rural parishes in Wiltshire were provided with public sewerage facilities. Table III gives an indication of the percentage of houses in rural districts provided with waterborne sanitation either by connection to public sewerage systems, or to satisfactory septic tanks or cesspits.

TABLE III

Rural District	Connected to Public Sewerage Scheme		Connected to Satisfactory Septic Tanks or Cesspits	
	Houses %	Population %	Houses %	Population %
Amesbury	48.67	48.77	35.90	35.53
Bradford and Melksham	40.9	41.2	10.1	12.4
Calne and Chippenham	59.7	63.0	15.5	15.0
Cricklade and Wootton Bassett	55.3	55.3	28.9	28.9
Devizes	45.0	60.0	40.0	32.0
Highworth	86.52	86.68	9.309	9.217
Malmesbury	25.00	25.00	50.00	50.00
Marlborough and Ramsbury	21.23	21.23	28.93	28.93
Mere and Tisbury	32.0	35.0	38.0	40.0
Pewsey	35.1	—	46.1	—
Salisbury and Wilton	13.66	15.13	65.0	70.0
Warminster and Westbury	16.53	16.7	35.1	36.2

HOUSING

IN October the Housing Act, 1961, was added to housing legislation and made important changes, particularly in connection with the payment of housing subsidies and in local authority control of houses in multiple occupation.

Local authorities may now receive subsidies for any dwellings they build to meet a proved need e.g. to replace slums, to relieve overspill, to meet the needs of industry, or to abate overcrowding. A subsidy for building to relieve overcrowding has long been necessary and should do much to relieve the unhealthy conditions under which many people live.

There are three basic rates of subsidy—£28 for town development and overspill, and for other purposes £24 a year payable to local authorities who satisfy a test for financial need, and £8 a year to authorities who do not satisfy this test. Provision is also made for higher basic subsidies for flats over three stories high and for agricultural dwellings.

Another change contained in the Act is a new provision whereby housing associations building houses for old people may receive the £24 subsidy direct from the Minister. The Government will also advance loans to housing associations up to 100% of the cost of dwellings let to old people provided the cost of each does not exceed £3,500.

The new Act also gives district councils effective powers for controlling houses in multiple occupation, by requiring proper standards of management and maintenance of such houses.

Section 29 of the Act permits the rent increase for houses renovated by standard or discretionary improvement grants to be 12½% instead of the former 8%.

Satisfactory progress in the improvement of housing conditions in rural districts was made during the year, particularly with the aid of improvement grants. The five year slum clearance programme commenced in 1956 was also fully implemented and all 1,634 totally unfit houses scheduled for clearance during the five year period were demolished by the end of 1961. It is hoped that district councils will now be able to give more attention to the relief of overcrowding now that the new subsidy of £24 per house per year for 60 years is available for houses built for this purpose.

The Rural Housing Statistics for 1961 are given in Appendix F

Inspection of Milk and Food

Number of Wiltshire Dairy Farms	...	...	...	...	2730
Number of Wiltshire T.T. Designated Dairy Farms	...	...	...	...	2665
Number of Wiltshire Non-designated Dairy Farms	...	...	...	...	65
Production of T.T. designated milk	...	...	...	...	98.6 %
Production of Non-designated milk	...	...	...	...	1.4 %
Number of Producer Retailers	...	...	...	...	115
Number of Milk Distributors	...	...	...	...	196

Seventy-nine million gallons of milk were produced in Wiltshire dairy farms during 1961 of which 98.6 % was of T.T. quality milk. The whole of Wiltshire is now an attested area where theoretically all cattle should be free from tuberculosis. This, however, is not the case as occasionally there are instances where biological milk sampling, or post-mortem inspection at slaughterhouses reveals cattle infected with tubercle. As a result of two samples of milk submitted for biological test proving positive to tuberculosis in March, 80 reactor cows from two farms were slaughtered and 49 were found to be affected with tuberculosis in some degree. This should dispose of any argument that in all attested areas there is no longer any need for biological milk sampling or in fact to pasteurise milk, apart from the fact there are also other diseases spread by milk. *Brucella abortus* for example, the organism which causes contagious abortion in cattle and undulant fever in human beings is often found during routine biological sampling of raw milk, but this dangerous organism is completely destroyed when the milk is pasteurised.

Ninety-two per cent of all milk retailed in Wiltshire is pasteurised milk the bulk of which is processed by the ten pasteurising plants licensed by the County Council. These plants are subject to rigid supervision by fortnightly inspection and sampling by the County Health Inspector. During 1961, 557 samples of milk from the plants were examined for the statutory test for pasteurised milk and of these 544 or 97 % were satisfactory.

The pasteurising firm referred to in my annual report for 1960, whose pasteurising licence the County Council had refused to renew ceased business in December last and the dairy has now been closed.

Retail milk sales of raw and pasteurised milk from automatic vending machines appear to be gaining popularity with the public as there are now some 40 vending machines installed about the County. These machines are subject to strict supervision from a public health point of view to ensure that they are kept clean internally, that the refrigerating motor is efficient, and that unsold cartons of milk are changed every day, particularly those machines dispensing raw milk which has a lower keeping quality than pasteurised milk. Samples have been found to fail the methylene blue keeping quality test due to lack of attention to one or more of these precautions.

On the 1st January, 1961, the responsibility for retail milk supervision was transferred from district councils to food and drugs authorities by the Milk (Special Designation) Regulations, 1960.

In October, 1961, following discussions with district councils, the County Council delegated these duties of licensing, inspection and sampling of retail dairies back to district councils.

Very little milk work was carried out from January, 1961, to October, 1961, mainly because district councils had no legal authority to do it until they had signed the delegation agreement although some did continue the work during this period.

The delegation scheme requires that district councils must submit a quarterly return of milk sampling to the County Council in order that the County Council may be satisfied as to the adequacy of the work. It is too early to judge the results of the delegation scheme on the returns submitted.

I am indebted to the Chief Inspector of Weights and Measures for the following information concerning food and drugs administration during 1961:

FOOD AND DRUGS

THE County Council is the Food and Drugs Authority in all areas of the County outside the Borough of Swindon, and the undermentioned legislation is enforced by the County Council Weights and Measures Department with the object of ensuring that purchasers are supplied with pure and genuine foods and drugs.

Food and Drugs Act, 1955
 Sale of Milk Regulations, 1939
 Milk (Special Designations (Specified Areas) Orders, 1955-58
 Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956
 Labelling of Food Order, 1953-56
 Labelling of Food (Amendment) Regulations, 1958-61
 The Food Standards (General Provisions) Order, 1944
 The Food Standards Orders and Regulations, 1944-59
 The Flour (Composition) Regulations, 1956
 Public Health (Dried Milk) Regulations, 1923-48
 Public Health (Condensed Milk) Regulations, 1923-53
 Public Health (Preservatives, etc., in Food) Regulations, 1925-58
 The Condensed Milk Regulations, 1959
 Colouring Matter in Food Regulations, 1957
 The Anti-oxidant in Food Regulations, 1958
 Arsenic in Food Regulations, 1959-60
 The Flourine in Food Regulations, 1959
 The Lead in Food Regulations, 1961
 Merchandise Marks Act, 1926 and Orders made thereunder

A total of 1,617 samples were purchased or taken in areas covering the whole County, steps being taken to obviate the duplication of samples to cover the greatest varieties of foods and to ensure compliance with the labelling and other requirements of the above-mentioned Orders and Regulations.

Particulars of Prosecution and other action taken in respect of infringements:

PROSECUTIONS

Trade	Offence	Act	Fine			Costs			Venue
			£	s.	d.	£	s.	d.	
Milk Producer	In possession for sale milk to which an addition of water had been made	Food & Drugs Act, 1955	50	0	0	—	—	—	Kington Langley
Milk Retailer	Selling milk not of the quality demanded	Ditto ...	5	0	0	4	10	0	Limpley Stoke
Milk Producer/ Retailers	Selling to the prejudice of the purchaser milk deficient in fat	Ditto ...	10	0	0	9	0	0	Devizes
Milk Retailer	False trade description applied to Channel Islands milk	Merchandise Marks Act, 1887-1953	30	0	0	1	10	0	Bradford-on-Avon
Cafe Proprietor	Selling bread and butter not of the nature demanded	Food and Drugs Act, 1955	5	0	0	3	5	0	Winterslow
Frozen Food Packers	False warranty in respect of Beef	Ditto ...	Absolute discharge on payment of costs 4s.						Wingfield
	Liver Ditto	Ditto ...	25	0	0	—	—	—	

OTHER ACTION

Nature of alleged offence	Written Caution	Attention drawn to irregularities including verbal cautions	Referred to other Authority
Food (including milk) substandard	10	2	6
Food—alleged misleading dietary claim		1	
Food—containing foreign body	3		
Milk special designation unlicensed use	2	1	
Milk—unsatisfactory labelling	1	2	1
Drug—substandard	1		
Drug—incorrectly labelled		1	

SUMMARY OF SAMPLES

SUMMARY OF SAMPLES	Samples Procured	Examined Departmentally	Sent to Public Analyst	Adverse Report
Liquid Milk and Cream	*1,195	**1,184	108	37
Processed Milk Products including Ice-cream	10	1	9	—
Edible Fats and Oils	25		25	—
Preserves	19		19	—
Tinned, Bottled and Dried Articles	42	29	13	1
Fruit Juices, Health Drinks and Squashes	9		9	1
Beverages	10		10	1
Beer	29		29	—
Wines and Spirits	43	41	2	—
Fresh Fruit and Vegetables	21	2	19	—
Fresh Fish, Meat, Poultry and Offal	11	10	1	—
Sausages	20		20	3
Meat Pies	66	58	8	—
Other Meat and Fish products	29	3	26	2
Cereal Products	9		9	2
Bread and Butter	15		15	1
Sugar and Flour Confectionery	8		8	—
Pudding and Cake Mixtures	7		7	—
Vinegar, Pickles and Sauces	3		3	—
Condiments, Spices, Flavourings and Essences	14		14	—
Medicines, Drugs and Surgical preparations	28		28	2
Miscellaneous	4		4	—
	1,617	1,328	386	50

* Including 38 from supplies to schools.

** Including 915 mechanically tested for the presence of foreign bodies.

SUMMARY OF ARTICLES EXAMINED FOR LABELLING

	Visits of Inspection	Items Examined	
		Correct	Incorrect
Food and Drugs Legislation	1,948	20,780	182
Merchandise Marks Marking Orders	1,646	10,243	198

APPENDIX A

INFANT WELFARE CENTRES

Centre	Day of Month and Time Centre is Open	Names of Medical Officer and Health Visitor	Remarks	Number of Attendances 1961
ALDBOURNE The Memorial Hall	3rd Thursday, 2.15—4 p.m.	Drs. Tiplady and Mills (in rotation) Mrs. Ward	M.O. attends every session	195
ALDERBURY The Chapel Room	2nd Wednesday, 2—4 p.m.	‡Dr. Hammond and Miss Nicoll	M.O. attends every session	274
AMESBURY Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	‡Dr. Hammond, Miss Russell and Miss Drew	M.O. attends every session	871
AVEBURY The Club Room	1st Wednesday, 2.30—4.30 p.m.	‡Dr. E. Kinnear and Mrs. Bodle and Miss Chesney	M.O. attends every session	519
BLUNSDON British Legion Hall with Mobile Centre	1st and 3rd Thursdays, 2—4 p.m.	‡Dr. Kinnear (pro tem), Miss Cadogan and Miss Aylmer	M.O. attends every session	756
BODENHAM Radnor Hall	4th Wednesday, 2—4 p.m.	‡Dr. Lishman and Miss Nicoll	M.O. attends every session	113
BOSCOMBE DOWN R.A.F. STATION C. of E. Community Centre	2nd and 4th Tuesdays, 2.30—4 p.m.	‡Dr. Hammond and Mrs. Heard	M.O. attends 4th Tuesday	729
BOXFIELD Community Centre	1st Friday 2—4 p.m.	‡Dr. Voigt and Miss Ludlow	M.O. attends every session	360
BRADFORD-ON-AVON Church Hall Church Street	2nd and 4th Tuesdays 2.15 p.m.	‡Dr. Speller and Miss Francis	M.O. attends every session	547
BROADCHALKE The Village Hall	1st Wednesday, 2 p.m.	Dr. Brown and Miss Nicoll	M.O. attends every session	225
BROMHAM The Village Hall	4th Wednesday 2—4 p.m.	‡Dr. Adams and Miss Portch	M.O. attends every session	237
BULFORD CAMP The Infant Welfare Centre, Horne Road	Every Tuesday, 2—4 p.m.	‡Dr. E. M. Wright, Miss Trow and Miss Nowell	M.O. attends 1st and 3rd Tuesdays	857
BULFORD VILLAGE Parish Hall	1st and 3rd Wednesdays	‡Dr. Hammond Miss Trow	M.O. attends 3rd Wednesday	121
CALNE Surgery Premises of of Dr. Rivett and Dr. Grant, Station Road, Calne	Every Tuesday 2—4 p.m.	‡Dr. Williams, Miss Snelgrove and Miss Fox	M.O. attends 1st Thursday	836
CHIPPENHAM St. Andrew's Church Hall	Every Tuesday, 2—4 p.m.	‡Dr. Broomhead, Mrs. Powell and Miss James and Miss Aylmer	M.O. attends every session	1,849
Methodist Schoolroom, Sheldon Road	Every Wednesday, 2—4 p.m.	‡Dr. Blomfield Mrs. Powell and Miss Holley	M.O. attends 1st and 3rd Wednesdays	1,340
CHISELDON The Calley Memorial Hall	2nd and 4th Thursday, 2—4 p.m.	Dr. Borrelli and Mrs. Biggs	M.O. attends 4th Thursday	245
CODFORD The Codford Club	2nd and 4th Mondays, 2.30—4 p.m.	‡Dr. Reynolds and Miss Nowell	M.O. attends 2nd Monday	276
CORSHAM County Council Clinic Fuller Avenue	Every Thursday, 2—4 p.m.	‡Dr. Broomhead, Mrs. Smart and Miss Cadogan	M.O. attends every session	1,375
CRICKLADE Town Hall, with Mobilr Centre	2nd and 4th Mondays, 2—4 p.m.	‡Dr. O. Nietupska Miss Cadogan and Miss Aylmer	M.O. attends every session	1,086

Centre	Day of Month and Time Centre is Open	Names of Medical Officer and Health Visitor	Remarks	Number of 1961
DEVIZES Northgate House	Every Thursday, 2—4 p.m.	‡Dr. Adams, Miss Portch and Miss Hacker	M.O. attends every session	1,498
DEVIZES (Military Families), The Medical Centre Waller Barracks	1st Wednesday 2—4 p.m.	‡Dr. Adams and Miss Hacker	M.O. attends every session	192
DILTON MARSH Dilton Services Social Club	2nd and 4th Fridays, 2.30 p.m.	‡Dr. Bloomfield and Mrs. Ashman and Miss Slade	M.O. attends 2nd Friday	357
DOWNTON Memorial Hall	4th Friday, 2—4 p.m.	Dr. Soutar or Dr. Whitehead and Miss Cross	M.O. attends every session	364
DURRINGTON Memorial Hall	2nd and 4th Thursdays, 2—4 p.m.	‡Dr. H. I. Lockett Miss Trow and Miss Russell	M.O. attends every session	723
EAST KNOYLE Village Hall	1st Wednesday, 2.30—4 p.m.	‡Dr. Lishman and Miss Coleman	M.O. attends every session	156
HIGHWORTH St. Michael's Church Hall, Lechlade Road	Every Tuesday, 2—4 p.m.	‡Dr. E. Kinnear and Mrs. Archer and Miss Walker	M.O. attends 2nd and 4th Tuesdays	1,278
LARKHILL Welfare Centre The Packway	Alternate Tuesdays, 2—4 p.m.	Military medical officer and District Nurse	M.O. attends every session	1,205
LUDGERSHALL The Memorial Hall	2nd Wednesday and Last Wednesday, 2—4 p.m.	Dr. Drake and Miss Gomer	M.O. attends last Wednesday	388
LYNEHAM Village Hall	2nd and 4th Thursdays, 2—4 p.m.	‡Dr. Voigt, Mrs. Bodle and Miss Ould	M.O. attends every session	647
MALMESBURY St. Mary's Church Hall	1st and 3rd Wednesdays, 2 p.m.	‡Dr. Voigt, Miss Morris and Miss Walker	M.O. attends first Wednesday	495
MARLBOROUGH County Council Clinic 8 Kingsbury Street	Every Friday, 2.30—4 p.m.	‡Dr. H. I. Lockett and Miss Poulter and Miss Chesney	M.O. attends 1st Friday	1,829
MELKSHAM Old Bank House	Each Thursday, 2—4.30 p.m.	‡Dr. Speller, Mrs. Burton and Mrs. Barrow	M.O. attends every session	1,179
MERE Lecture Hall Salisbury Street	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in three monthly rotation) and Miss Coleman	M.O. attends 1st Tuesday	751
NETHERAVON Parish Hall, Fittleton	1st and 3rd Wednesdays, 2.30—4 p.m.	‡Dr. Hammond and Miss Whitefield	M.O. attends 1st Wednesday	487
NORTH BRADLEY Progressive Hall	2nd and 4th Wednesdays, 2.30—4 p.m.	‡Dr. Whittles, Miss Slade and Mrs. Ashman	M.O. attends 4th Wednesday	340
PEWSEY The Foresters Hall	1st Thursday, 2.30 p.m.	Dr. Hynes and Miss Tait	M.O. attends every session	273
PURTON Red House with Mobile Centre	2nd and 4th Tuesdays, 2—4 p.m.	‡Dr. O. Nietupska and Miss Aylmer	M.O. attends every session	741
RAMSBURY The Memorial Hall, High Street	1st Thursday, 2.15—3.30 p.m.	Dr. Mills and Mrs Ward	M.O. attends every session	264
REDLYNCH St. Birinus Hall Morgans Vale	2nd Friday, 2—4 p.m.	Dr. Whitehead and Miss Cross	M.O. attends every session	323

Centre	Day of Month and Time Centre is Open	Names of Medical Officer and Health Visitor	Remarks	Number of Attendances 1961
SALISBURY Hulse Clinic General Infirmary	Every Tuesday and Friday, 2—4 p.m.	‡Dr. M. Sturges Mrs. Soilleux and Miss Robson	M.O. attends every session	5,929
Bishopdown St. Mark's Hall	1st and 3rd Thursdays, 2—4.30 p.m.	Dr. Wright and Mrs. Soilleux	M.O. attends 1st Thursday	2,493
St. Michael's Parish Room, St. Michael's Road	Every Thursday, 2—4 p.m.	‡Dr. Sturges, Miss Morris and Miss Norman	M.O. attends every session	2,251
West Harnham Methodist Hall Parsonage Green	1st and 3rd Mondays, 2—4 p.m.	‡Dr. Sturges, Miss Cross and Miss Morris	M.O. attends every session	445
STOFORD South Newton and Wishford Recreation	2nd Wednesday, 2—4 p.m.	‡Dr. Lishman, Miss Norman and Miss Morris	M.O. attends every session	379
STRATTON ST. MARGARET Methodist Schoolroom Lower Stratton	2nd and 4th Thursdays, 2—4 p.m.	‡Dr. E. Kinnear, and Miss Chesney	M.O. attends 4th Thursday	779
TIDWORTH The Families M.I. Room Old Isolation Hospital	2nd and 4th Mondays, 2—4 p.m.	Military medical officer and Miss Drew	M.O. attends every session	700
TISBURY Congregational Hall High Street	2nd Tuesday and last Thursday. 2.30—4 p.m.	‡Dr. Lishman Miss Feltwell and Miss Coleman	M.O. attends 2nd Tuesday	413
TROWBRIDGE County Council Clinic The Halve	Every Tuesday and Thursday, 2—4 p.m.	‡Dr. J. S. Davies Mrs. Fielding Miss Pritchard and Miss McAuley	M.O. attends every Tuesday	1,885
St. John's Schoolroom Upper Studley	Every Friday, 2—4 p.m.	‡Dr. Blomfield and Mrs. Fielding	M.O. attends 1st and 3rd Friday	1,203
UPPER STRATTON Baptist Sunday School Hall, Green Road	1st and 3rd Tuesdays, 2—4 p.m.	‡Dr. E. Kinnear Miss Marr and Miss Eldridge	M.O. attends every session	815
WARMINSTER Methodist Schoolroom George Street	1st and 3rd Fridays, 2—4 p.m.	‡Dr. J. S. Davies and Miss Jenkinson	M.O. attends every session	1,040
WARMINSTER (Military Families) Families Club School of Infantry Imber Road	1st and 3rd Thursdays, 2—4 p.m.	‡Dr. Hammond and Miss Jenkinson	M.O. attends 1st Thursday	464
WESTBURY Methodist Schoolroom Station Road	Every Thursday, 2—4 p.m.	‡Dr. Blomfield, Miss Slade and Mrs. Ashman	M.O. attends every session	1,029
WESTWOOD Assembly Hall	1st Tuesday, 2—4 p.m.	‡Dr. Blomfield and Miss Slade	M.O. attends every session	179
WHITEPARISH The Melchett Hall	Last Tuesday, 2.15 p.m.	Dr. Jepson and Miss Cross	M.O. attends alter- nate (odd) months	174
WILTON The Town Hall	2nd and 4th Thursdays, 2—4 p.m.	Dr. Lishman and Miss Nowell	M.O. attends 2nd Thursday	561
WINTERSLOW Parish Hall	1st and 3rd Fridays, 2 p.m.	‡Dr. Hammond and District Nurse (Miss Davy)	M.O. attends 1st Friday	469
WOOTTON BASSETT The Surgery Tinkers Lane	Every Tuesday 2—4 p.m.	‡Dr. Nietupska and Miss Ould	M.O. attends 1st and 3rd Tuesday	1,509
WROUGHTON Ellendune Hall	Every Thursday, 2—4.30 p.m.	Dr. Calnan, Miss Eldridge and Mrs. Biggs	M.O. attends 1st and 3rd Thursday	1,092
YATESBURY R.A.F. Emergency Ward, Sick Quarters	3rd Tuesday, 2—4 p.m.	Camp M.O. and Mrs. Bodle	M.O. attends every session	64

‡County Medical Staff

APPENDIX B

NURSING SERVICES

Nursing Districts	General Nursing				Midwifery and Maternity Total Cases Attended (Average Case has 25-30 Visits)	
	Cases Attended		Visits Paid			
Alderbury and Longford...	74	(56)	917	(786)	14	(20)
Amesbury ...	29	(25)	1,196	(800)	55	(57)
Ashton Keynes ...	53	(69)	1,064	(1,098)	7	(10)
Bedwyn, Shalbourne, etc. ...	50	(68)	730	(674)	7	(15)
Blunsdon ...	133	(155)	421	(700)	24	(23)
Bourne Valley ...	65	(66)	1,095	(1,126)	27	(24)
Box ...	225	(222)	3,327	(3,391)	17	(15)
Bradford-on-Avon—Nurse I ...	46	(56)	1,218	(932)	7	(7)
Nurse II ...	49	(41)	728	(603)	1	(7)
Bratton ...	84	(126)	1,696	(2,019)	16	(15)
Bromham ...	70	(57)	2,136	(1,689)	7	(11)
Bulford ...	108	(90)	2,469	(2,376)	—	—
Burbage and Easton ...	38	(42)	498	(544)	15	(11)
Calne Town—Nurse I ...	174	(122)	3,204	(2,928)	28	(34)
Nurse II ...	171	(138)	1,642	(1,485)	7	(27)
Calne Country ...	51	(44)	918	(650)	7	(29)
Castle Combe ...	92	(100)	1,103	(1,248)	5	(5)
Chalke Valley ...	221	(219)	1,869	(1,348)	18	(20)
Chippenham—Midwifery ...	—	(—)	—	(—)	85	(88)
General ...	189	(173)	3,571	(3,560)	—	(—)
Chiseldon ...	38	(28)	553	(469)	17	(15)
Codford ...	37	(35)	622	(655)	20	(17)
Colerne ...	43	(83)	395	(754)	17	(10)
Collingbourne—Nurse I ...	110	(91)	1,799	(1,652)	29	(23)
Nurse II ...	187	(60)	1,184	(583)	17	(19)
Corsham—Midwifery ...	—	(—)	—	(—)	20	(39)
General—Nurse I ...	57	(98)	1,379	(2,616)	—	(—)
Nurse II ...	70	(28)	690	(681)	—	(—)
Nurse III ...	117	(—)	3,287	(—)	—	(—)
Cricklade ...	65	(64)	439	(355)	19	(18)
Devizes—Midwifery ...	23	(29)	313	(409)	42	(59)
General... ...	75	(72)	3,871	(3,350)	—	(—)
Dilton Marsh ...	108	(114)	1,386	(1,342)	8	(9)
Donhead ...	31	(44)	216	(501)	6	(3)
Downton ...	143	(129)	1,493	(1,312)	20	(19)
Durrington ...	—	(—)	—	(—)	73	(61)
Fonthill ...	203	(218)	4,039	(1,052)	10	(11)
Harnham ...	23	(18)	1,077	(1,241)	22	(27)
Heytesbury ...	117	(193)	1,524	(1,209)	12	(11)
Highworth ...	45	(37)	804	(691)	36	(28)
Holt ...	66	(62)	479	(532)	8	(9)
Kilmington ...	103	(113)	1,168	(803)	9	(9)
Langley Burrell ...	33	(70)	1,113	(1,033)	14	(13)
Larkhill ...	76	(83)	1,936	(1,718)	—	(—)
Lyneham and Clyffe Pypard ...	159	(135)	1,145	(1,068)	10	(16)
Malmesbury and Hullavington—Nurse I ...	90	(68)	2,759	(1,390)	15	(15)
Nurse II ...	224	(183)	3,750	(2,934)	13	(15)
Marlborough and Overton—Nurse I ...	56	(199)	595	(2,222)	11	(13)
Nurse II ...	148	(66)	2,143	(1,098)	3	(7)
Melksham—Nurse I ...	46	(44)	1,134	(491)	19	(26)
Nurse II ...	27	(32)	444	(258)	18	(30)
Mere ...	40	(53)	1,206	(1,625)	18	(6)
Netheravon ...	40	(38)	576	(890)	11	(10)
North Bradley ...	56	(49)	829	(841)	4	(9)
Pewsey ...	100	(86)	765	(1,039)	21	(25)
Pewsey Vale—Nurse I ...	47	(47)	715	(230)	14	(5)
Nurse II ...	187	(142)	1,241	(1,266)	8	(8)

Nursing Districts	General Nursing				Midwifery and Maternity	
	Cases Attended		Visits Paid		Total Cases Attended (Average Case has 25-30 Visits)	
Potterne	53	(138)	1,082	(1,514)	7	(17)
Purton—Nurse I	113	(64)	782	(854)	17	(17)
Nurse II	34	(33)	449	(403)	25	(13)
Ramsbury	119	(40)	1,299	(782)	15	(15)
Salisbury—						
Midwifery (Infirmary Staff: 2 Midwives) ...	—	(—)	—	(—)	169	(157)
St. Martin's (General)	147	(137)	2,118	(2,061)	—	(—)
Fisherton (General)	172	(111)	1,799	(1,769)	—	(—)
St. Michael's (General)	147	(134)	1,726	(1,598)	—	(—)
St. Edmund's and St. Thomas's	105	(56)	1,802	(1,638)	—	(—)
St. Mark's	122	(1,046)	1,557	(1,472)	—	(—)
Bemerton	174	(151)	2,489	(2,335)	—	(—)
Sherston	28	(40)	516	(796)	11	(6)
Shrewton	36	(24)	393	(524)	13	(18)
Somerford	52	(87)	660	(1,069)	13	(11)
Stratton St. Margaret—Nurse I	48	(37)	590	(576)	24	(30)
Nurse II	41	(58)	868	(1,010)	58	(43)
Nurse III	25	(32)	250	(298)	39	(36)
Sutton Veny	71	(74)	431	(290)	7	(10)
Tisbury	71	(49)	701	(677)	20	(19)
Trowbridge—Midwifery	—	(—)	—	(—)	50	(52)
General—Nurse I	157	(177)	4,341	(5,027)	—	(—)
Nurse II	142	(139)	3,789	(4,090)	—	(—)
Nurse III	67	(—)	1,208	(—)	—	(—)
Urchfont	34	(44)	1,161	(885)	10	(8)
Wanborough	29	(49)	348	(915)	8	(10)
Warminster—Nurse I	62	(64)	1,750	(1,183)	16	(23)
Nurse II	125	(96)	2,043	(1,373)	15	(11)
Westbury	104	(35)	395	(650)	30	(27)
Whiteparish	34	(42)	435	(643)	15	(6)
Wilton and Wishford	101	(99)	1,035	(1,608)	5	(44)
Winsley	118	(93)	1,143	(1,397)	45	(6)
Winterbourne Valley	34	(20)	770	(561)	20	(21)
Winterslow	260	(242)	961	(1,032)	13	(9)
Woodford	64	(80)	1,762	(1,178)	1	(10)
Wootton Bassett	31	(44)	554	(763)	26	(28)
Wroughton	106	(89)	647	(884)	30	(35)
TOTALS	7,945	(8,383)	113,125	(112,625)	1,589	(1,652)

APPENDIX C

MEDICAL LOAN DEPOTS

Address of Depot	Name and Address of Officer-in-Charge, and Telephone No., if any
AMESBURY. "Shortwood", Salisbury Road	Mrs. I. Muggleton "Shortwood", Salisbury Road (Amesbury 2123)
BOWERCHALKE. Sunningdale	Mrs. D. Porte, The Laburnums, Bowerchalke
BRADFORD-ON-AVON. 6 Kingston Avenue	Mrs. E. M. Johnson, 8 Masons Hill, Bradford-on-Avon
CALNE. Kingsbury Hall	Mrs. E. M. Cousins, 93 Oxford Road, Calne
CHIPPENHAM. Watchfield, Rowden Hill	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham (Chippenham 2265)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston	Mrs. Hughes, "The Old House," Collingbourne Ducis (Collingbourne Ducis 274)
CORSHAM (1) St. John Ambulance Brigade Headquarters, Cricket Pavilion	Mrs. Harris, The Limes, Station Road, Corsham
CORSHAM (2) Red Cross Centre, Pound Hill	Miss A. B. Wood, 14 Pickwick Road, Corsham
CRICKLADE. 80 High Street, Cricklade	Mrs. Mundy, 80 High Street, Cricklade
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach	Mrs. G. R. Child, Brighstone, The Breach, Devizes (Devizes 402)
DONHEAD. St. Andrew's Cottage, Donhead St. Andrew	Lady Craven, St. Andrew's Cottage, Donhead St. Andrew (Donhead 218)
LAVINGTON. Southview Farm, Little Cheverell	Miss M. Jones, Little Cheverell.
LUDGERSHALL.	Mrs. Sheppard, "Franferter", Faberstown, Ludgershall
MALMESBURY. Milbourne Cottage	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury (Malmesbury 3105)
MARLBOROUGH. 35A High Street	Mrs. R. J. Cook, The White House, Cardogan Road, Marlborough
MELKSHAM. 20 The Close	Mrs. M. Chidley, 20 The Close, Melksham (Melksham 3016)
MERE. Tudor Tea Rooms	Mrs. P. Cross, Glebe Cottage, Church Street, Mere (Mere 367)
PEWSEY. The Girl Guide Hut	Mrs. D. Rankin, Stable End, Pewsey (Pewsey 2248)
PURTON. 20 Witts Lane	Mrs. Bartlett, 20 Witts Lane, Purton

Address of Depot	Name and Address of Officer-in-Charge, and Telephone No., if any
RAMSBURY. 27 Council Houses	Miss A. Edwards, 27 Council Houses, Ramsbury
SALISBURY. St. John Ambulance Brigade Headquarters, 55 Milford Street	The Officer-in-Charge, Medical Loan Depot, 55 Milford Street, Salisbury
STRATTON ST. MARGARET. 216 Ermin Street	Mrs. Frith, 216 Ermin Street, Stratton St. Margaret
TISBURY. Red Cross Centre	Miss B. Burt, Field House, Tisbury
TROWBRIDGE. Courtfield House	Mrs. Mackay, Courtfield House, Trowbridge (Trowbridge 2048)
WARMINSTER. St. Andrew's, Boreham Road	Mrs. K. J. Nicholls, St. Andrew's, Boreham Road, Warminster (Warminster 2630)
WILTON. Westminster Lodge, The Hollows	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton (Wilton 3134)
WOOTTON BASSETT. 128 High Street	Miss Parsons, 13 Victory Row, Wootton Bassett

APPENDIX D

DOMESTIC HELP SERVICE

A. The following table shows the growth of the service since 1948:—

Year	Number of Enrolled Part-time Home Helps at end of year	Full-time Equivalent (approx.)	Number of Cases attended during year		
			Maternity	Other	Total
1948	11	8.5	50	7	57
1949	69	22.3	57	50	107
1950	147	25.8	136	182	318
1951	195	31.2	99	275	374
1952	277	37.8	106	301	407
1953	285	43.4	118	386	504
1954	320	30.4	47	342	389
1955	400	46.0	72	444	516
1956	398	52.5	83	544	627
1957	359	54.3	73	525	598
1958	476	56.8	43	582	625
1959	537	59.3	49	665	714
1960	573	80.5	62	809	871
1961	758	101.9	82	952	1,034

B. SUMMARY OF CURRENT CASES WHO ON 31ST DECEMBER, 1961, HAD RECEIVED HELP FOR THE PERIODS SHOWN:—

For comparative purposes the figures for the previous year analysed are shown in brackets.

Type of Case	PERIOD OF SERVICE					TOTALS
	3 months and under	Exceeding 3 months	Exceeding 6 months	Exceeding 9 months	Exceeding 12 months	
Maternity	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Ante-Natal and Post-Natal ...	1 (4)	2 (—)	1 (—)	1 (—)	— (—)	5 (4)
Tuberculosis	— (—)	— (—)	— (—)	1 (—)	3 (4)	4 (4)
Acute Illness	2 (3)	3 (1)	3 (3)	2 (3)	4 (1)	14 (11)
Convalescence following hospital treatment	5 (—)	5 (1)	2 (1)	3 (3)	— (—)	15 (5)
Chronic illness or disability ...	16 (18)	13 (15)	18 (19)	32 (19)	153 (121)	232 (192)
Aged and Infirm	63 (43)	32 (32)	44 (34)	35 (35)	305 (255)	479 (399)
Care of Children (mother in hospital, etc.)	2 (1)	5 (—)	— (3)	1 (1)	— (1)	8 (6)
TOTALS	89 (69)	60 (49)	68 (60)	75 (61)	465 (382)	757 (621)

C. SUMMARY OF CASES WHO DURING THE YEAR 1961 HAD RECEIVED HELP BUT SERVICE CEASED BEFORE THE END OF THE YEAR.

Type of Case	PERIOD OF SERVICE					TOTALS
	3 months and under	Exceeding 3 months	Exceeding 6 months	Exceeding 9 months	Exceeding 12 months	
Maternity	59 (43)	— (—)	— (—)	— (—)	— (—)	59 (43)
Ante-Natal and Post-Natal ...	14 (11)	3 (2)	— (—)	1 (1)	— (1)	18 (15)
Tuberculosis	— (—)	— (—)	1 (—)	— (—)	1 (—)	2 (—)
Acute Illness	8 (6)	2 (3)	— (—)	1 (—)	2 (—)	13 (9)
Convalescence following hospital treatment	7 (8)	3 (4)	— (—)	— (—)	1 (—)	11 (12)
Chronic illness or disability ...	23 (13)	7 (13)	7 (6)	7 (5)	20 (12)	64 (49)
Aged and Infirm	21 (26)	10 (11)	14 (8)	8 (9)	51 (55)	104 (109)
Care of Children (mother in hospital, etc.)	5 (8)	— (4)	— (—)	— (—)	1 (1)	6 (13)
TOTALS	137 (115)	25 (37)	22 (14)	16 (15)	76 (69)	277 (250)

D. ANALYSIS OF CURRENT CASES WHO ON 31ST DECEMBER, 1961, RECEIVED HELP FOR PERIODS EXCEEDING THREE MONTHS.

Type	AGE GROUP					TOTALS
	Under 60	Over 60	Over 70	Over 80	Over 90	
Aged and infirm person living alone	—	19	138	137	15	309
Aged and infirm couple living alone	—	6	72	72	3	153
Aged and infirm person with resident son or daughter in employment	1	8	26	20	1	56
Aged and infirm person with resident relative incapacitated	—	6	5	5	—	16
Housewife suffering from tuberculosis	2	2	—	—	—	4
Housewife suffering from chronic cardiac condition	14	13	20	—	—	47
Housewife suffering from chronic rheumatic condition	8	9	11	—	—	28
Housewife suffering from other chronic condition	24	9	15	1	—	49
Housewife suffering from condition preventing adequate care of young children	6	—	—	—	—	6
TOTALS	55	72	287	235	19	668

APPENDIX E

MENTAL HEALTH AREAS AND OFFICERS RESPONSIBLE

<i>Area</i>	<i>Officers</i>	<i>Area Office</i>
AREA 1 Swindon Borough	Delegated to Swindon Borough Council from 24th April, 1961	
AREA 2 Highworth and Cricklade and Wootton Bassett R.D.s, Marlborough Borough, Marlborough and Ramsbury R.D. Pewsey R.D.	Miss S. Ponting (Senior) ... Mr. P. Clarke Mr. J. T. Hodgson	9 a.m.—5.15 p.m. Health Centre, Milton Road, Swindon. Telephone: Swindon 22668 3 Church Street, Pewsey Telephone: Pewsey 3259
Officer on duty for cases of emergency in above Areas available through Health Centre, Swindon, at any hour—Telephone Swindon 22668		
AREA 3 Malmesbury Borough, Malmesbury R.D., Chippenham Borough, Calne and Chippenham R.D., Calne Borough, Melksham U.D.	Mr. R. A. Shadwell (Senior) ... Mr. R. J. Jupe	9 a.m.—5.15 p.m. The County Council Clinic, The Halve, Trowbridge Telephone: Trowbridge 3641
AREA 4 Devizes Borough, Devizes R.D., Bradford and Melksham R.D., Bradford-on-Avon, Trowbridge, Westbury, Warminster U.Ds., Warminster and Westbury R.D.	Mr. F. Garnett (Senior) ... Mr. T. R. Williams	
Officer on duty for cases of emergency in above Areas available through Bradford-on-Avon Ambulance Station—Telephone Bradford-on-Avon 2271		
AREA 5 Salisbury City, Wilton Borough, Salisbury and Wilton R.D., Amesbury R.D., Mere and Tisbury R.D.	Mr. R. H. G. Moore (Senior)... Mr. R. A. Lawton	9 a.m.—5.15 p.m. 50 Bedwin Street, Salisbury Telephone: Salisbury 5349
Officer on duty for cases of emergency in Area 5 available through Salisbury Ambulance Station—Telephone Salisbury 2488		

TRAINING CENTRES

CHIPPENHAM

Liberal Hall,
Station Hill,
Chippenham

SUPERVISOR: Mrs. A. Webb

PEWSEY

Pewsey Hospital

SUPERVISOR: (Appointment Vacant)

SALISBURY

113 Exeter Street,
Salisbury

SUPERVISOR: Miss M. E. Hammond

SWINDON

Upham Road

SENIOR INSTRUCTOR AND SUPERVISOR:
Mr. R. H. Drayton
SUPERVISOR, JUNIOR DEPARTMENT:
Miss G. L. Piper

TROWBRIDGE

Zion Baptist Chapel,
Union Street,
Trowbridge

SUPERVISOR: Mrs. E. K. Urwin

APPENDIX F

Rural Housing Statistics for Year Ending 31st December, 1961

	Amesbury	Bradford and Merksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	Highworth	Malmes- bury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury
1. No. of permanent dwellings in district at end of year	6,192	3,550	7,981	5,359	4,133	7,713	3,211	3,274	3,869	4,591	6,100	4,291
2. No. of permanent dwellings in district owned by local authority	1,335	566	1,253	1,084	915	1,699	521	600	624	1,192	863	563
3. No. of temporary dwellings in district owned by local authority	—	114	827	—	—	372	—	—	—	—	—	—
4. No. of applications for council houses at end of year	428	232	491	242	347	272	191	130	293	400	490	No list kept
5. Inspection of dwellings during year—												
(i) Inspected for housing defects under Public Health Acts	82	—	32	8	29	—	{ 362 }	34	54	24	117	50
(ii) Inspected for housing defects under Housing Acts	107	36	69	33	26	679		573	153	96	139	123
(iii) No. of dwellings so dangerous or injurious to health as to be unfit for habitation	6	36	44	16	5	13		—	10	25	80	18
(iv) No. of dwellings found not to be in all respects reasonably fit for habitation ...	135	—	25	24	14	45	77	26	107	9	61	14
6. No. of dwellings rendered fit in consequence of informal action	69	—	1	22	98	53	79	71	67	14	40	14
7. Action under statutory powers—												
A. Proceedings under sections 9, 10, 12 Housing Act, 1957—												
(i) No. of dwellings where notices were served requiring defects to be remedied	—	—	—	—	—	—	—	—	—	—	—	—
(ii) No. of dwellings rendered fit after service of formal notices—												
(a) By owners	—	—	—	—	—	—	—	—	—	—	—	—
(b) By local authority in default of owners... ..	—	—	—	—	—	—	—	—	—	—	—	—
B. Proceedings under Public Health Acts—												
(i) No. of dwellings where formal notices were served	—	—	2	1	—	—	—	—	—	4	1	1
(ii) No. of dwellings made fit as result of formal notices—												
(a) By owners	—	—	—	—	—	—	—	—	—	1	1	—
(b) By local authorities in default of owners	—	—	2	—	—	—	—	—	—	—	—	—
C. Proceedings under Section 16, Housing Act, 1957—												
(i) No. of demolition Orders made	18	9	11	17	7	7	—	—	2	2	15	—
(ii) No. of houses demolished as result of demolition Orders	24	22	17	8	4	21	9	11	4	21	20	2
(iii) No. of undertakings accepted	—	9	19	2	—	1	11	—	9	7	4	2
(iv) No. of undertakings completed	—	11	7	2	—	—	—	—	—	13	3	1
D. Proceedings under Sections 42, 43, 46, 48 Housing Act, 1957—												
(i) No. of houses in clearance areas upon which demolition Orders were made	7	—	—	—	—	—	—	—	—	—	—	—
(ii) No. of houses demolished as result of demolition Orders	—	—	—	—	—	—	—	—	—	7	—	—
(iii) No. of houses in clearance areas which have been retained as temporary accommodation	—	—	—	—	—	—	—	—	—	—	—	—
E. Proceedings under Sections 17, 18, 27, Housing Act, 1957—												
(i) No. of dwellings where closing Orders were made	1	10	6	3	8	5	—	—	2	9	3	2
(ii) No. of dwellings closed as result of closing Orders or undertakings by owners	1	10	6	3	2	4	—	—	—	9	7	2
(iii) No. of dwellings where closing Orders were cancelled in consequence of premises being made fit	—	—	—	—	1	—	—	—	—	1	3	—
F. Proceedings under Section 76, Housing Act, 1957—												
(i) No. of cases of overcrowding at end of year	3	—	Not known	2	—	—	—	—	2	5	—	—
(ii) No. of cases of overcrowding discovered during year	3	—	—	—	—	—	—	—	5	8	7	—
(iii) No. of cases of overcrowding abated during year	2	—	—	—	—	—	—	—	1	9	7	—
Houses erected or converted during year—												
Houses erected during year—For slum clearance: Local Authority	31	20	76	12	7	—	—	2	3	19	6	—
Houses erected during year—For other purposes: Local Authority	51	2	55	32	7	68	4	2	14	45	34	2
Private Enterprise	107	31	116	206	26	527	26	29	22	26	98	19
Gained from conversion of large houses into flats or dwellings: Local Authority ...	—	—	9	—	—	—	—	—	—	—	—	—
Private Enterprise	1	2	8	6	—	2	—	—	5	2	8	4
Lost from conversion of two or more houses into one: Local Authority	—	—	3	—	—	—	—	—	—	—	—	—
Private Enterprise	1	1	—	2	3	—	—	3	11	5	7	3
Improvement Grants made under Housing Acts, 1949-1959—												
Value of grants made: Standard Grants	£1,045/15/11	£921/2/5	£4,667/12/8	£3,087	£9,240	£3,156	£4,327	£734	£1,310	£2,740	£4,700	£5,208/11/1
Discretionary Grants	£8,403/0/11	£12,209/10/0	£15,667/17/3	£7,447	£7,385	£7,654	£9,373	£10,587	£12,674	£15,026	£24,371	£22,324/0/0
No. of houses improved as result of: Standard Grants	9	8	39	24	74	21	32	9	12	13	36	40
Discretionary Grants	27	26	49	23	21	16	27	32	36	45	67	59

